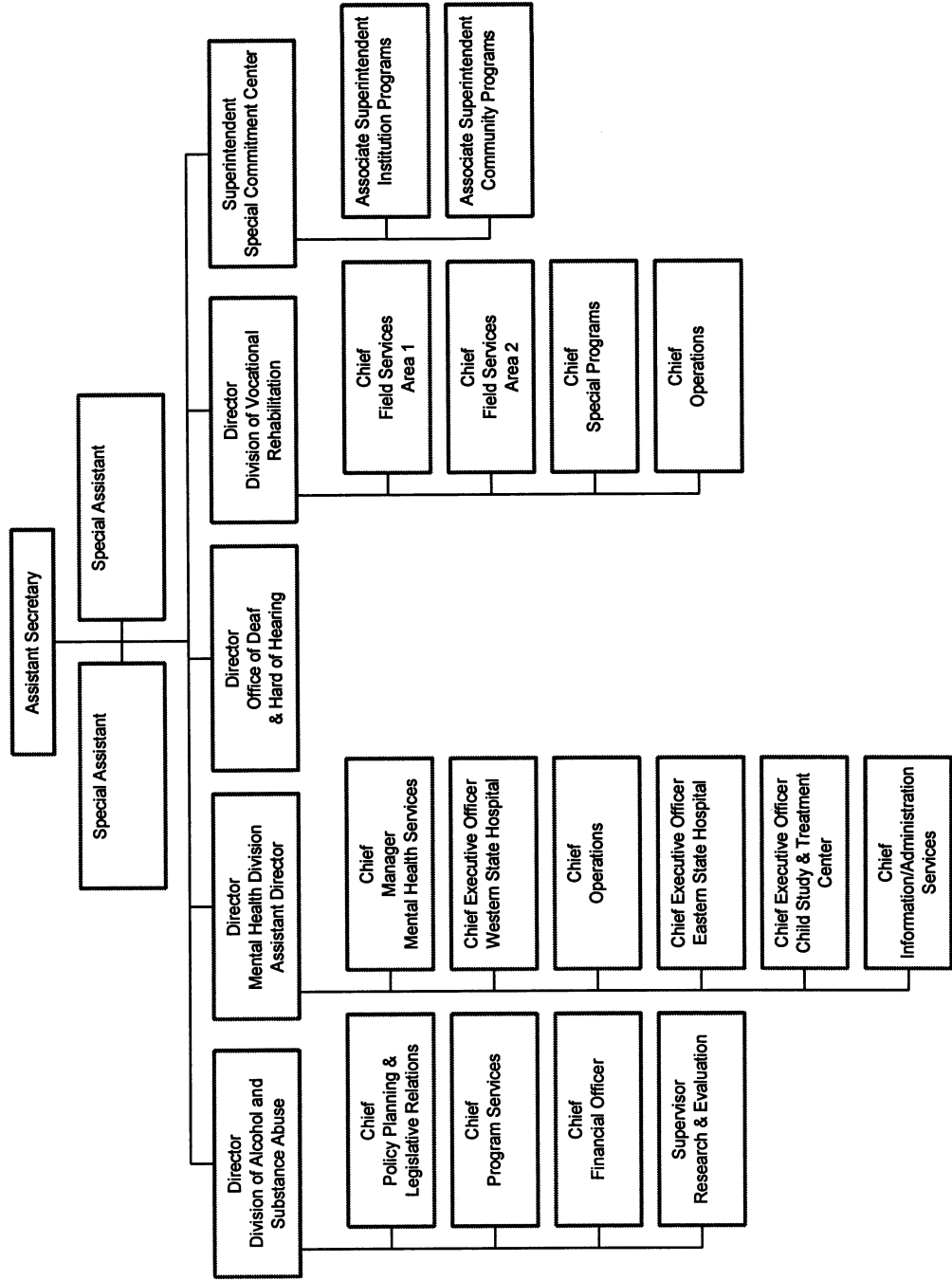


Section 1
Organization Chart

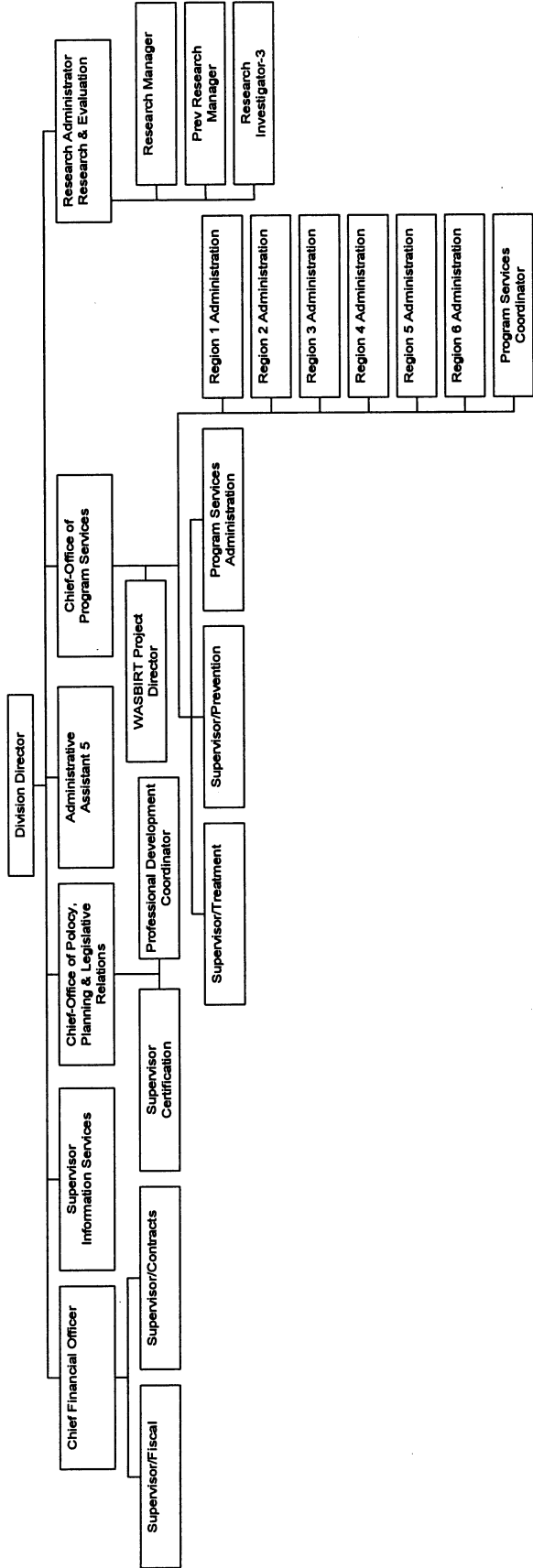
Code	Title
300	Department of Social and Health Services
AGENCY	Health and Rehabilitative Services Administration
PROGRAM	
SUBPROGRAM	

HEALTH AND REHABILITATIVE SERVICES ADMINISTRATION



AGENCY	Code	Title
PROGRAM	300	Department of Social and Health Services
SUBPROGRAM	070	Division of Alcohol and Substance Abuse

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE



Section 2
Activity Inventory Report

Fund and FTE Detail by Fiscal Year

Budget Period: 2005-07																			
Agency: Dept of Social and Health Services																			
Version: 11																			
Budget Level: PL																			
Sorted by: Decision Package Code																			
Show Locked Only: No																			
Include RecSum Text: No																			
<u>Element</u>				<u>Selection</u>				<u>Grp</u>		<u>Element</u>				<u>Selection</u>		<u>Grp</u>			
Agy-Activity:				(All)				2		Division:				(None)		Project:		(None)	
Program:				070				1		Branch:				(None)		Sub-Project:		(None)	
Sub-Program				(None)						Section:				(None)		Phase:		(None)	
Activity:				(None)						Unit:				(None)		Budget Unit:		(None)	
Sub-Activity:				(None)						Cost Center:				(None)					
Task:				(None)															

Program - 070 - Div of Alc/Substnce Abuse

Agency Activity - G008 - Chemical Dependency Prevention

Services

Pgm:070

Total Current Biennium

Current Biennium Fund Totals

001-1 General Fund-State

001-2 General Fund-Federal

996-Z Estimated All Other-Other

GG Mentoring Program / with ESA

001-1 General Fund-State

GN Mentoring Program

001-1 General Fund-State

001-C General Fund-DSHS Medicaid Federa

996-Z Estimated All Other-Other

2005-07 Total Proposed Budget

% Change from Current Biennium

2005-07 Budget Fund Summary Totals

001-1 General Fund-State

001-2 General Fund-Federal

001-C General Fund-DSHS Medicaid Federa

996-Z Estimated All Other-Other

Total Agency Activity - G008

Pgm:070

2003-05 Current Biennium

Total Carry Forward Level

% Change from Current Biennium

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
7.0	7.0	7.0	7.0	10,323,000	10,323,000	20,646,000	
				1,387,000	1,387,000	2,774,000	13.44%
				8,936,000	8,936,000	17,872,000	86.56%
				150,000	300,000	450,000	39.13%
				150,000	300,000	450,000	
				353,000	347,000	700,000	50.52%
				293,000	288,000	581,000	10.35%
				60,000	59,000	119,000	
				10,826,000	10,970,000	21,796,000	5.6%
				4.9%	6.3%		
				1,830,000	1,975,000	3,805,000	17.46%
				8,936,000	8,936,000	17,872,000	82.00%
				60,000	59,000	119,000	0.55%
				10,323,000	10,323,000	20,646,000	
				10,323,000	10,323,000	20,646,000	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Carry Forward Plus Workload Changes							
% Change from Current Biennium	7.0	7.0	7.0	10,323,000	10,323,000	20,646,000	
Total Maintenance Level	7.0	7.0	7.0	10,323,000	10,323,000	20,646,000	
% Change from Current Biennium							
2005-07 Total Proposed Budget	8.0	8.0	8.0	10,826,000	10,970,000	21,796,000	
% Change from Current Biennium	14.3%	14.3%	14.3%	4.9%	6.3%	5.6%	
Agency Activity - G015 - Community Based Drug and Alcohol							
Treatme							
Pgm:070							
Total Current Biennium	22.6	22.6	22.6	58,306,000	58,306,000	116,612,000	
Current Biennium Fund Totals							
001-1 General Fund-State				13,021,000	13,318,000	26,339,000	22.59%
001-2 General Fund-Federal				9,701,125	9,702,125	19,403,250	16.64%
001-7 General Fund-Private/Local				262,000	262,000	524,000	0.45%
001-C General Fund-DSHS Medicaid Federa				7,591,875	7,293,875	14,885,750	12.77%
05C-1 Crim Justice T Acct-State				4,475,000	4,475,000	8,950,000	7.68%
181-1 Violence Reduction-State				23,255,000	23,255,000	46,510,000	39.88%
996-Z Estimated All Other-Other	22.6	22.6	22.6				
00 Carry Forward Adjustments	2.0	2.0	2.0	297,000	297,000		
General Fund-State				(297,000)	(297,000)		
001-1 General Fund-State							
001-C General Fund-DSHS Medicaid Federa							
996-Z Estimated All Other-Other	2.0	2.0	2.0				
Total Carry Forward Level	24.6	24.6	24.6	58,306,000	58,306,000	116,612,000	
% Change from Current Biennium	8.8%	8.8%	8.8%				
Total Carry Forward Level Fund Totals							
001-1 General Fund-State				13,318,000	13,318,000	26,636,000	22.84%
001-2 General Fund-Federal				9,701,125	9,702,125	19,403,250	16.64%
001-7 General Fund-Private/Local				262,000	262,000	524,000	0.45%
001-C General Fund-DSHS Medicaid Federa				7,294,875	7,293,875	14,588,750	12.51%
05C-1 Crim Justice T Acct-State				4,475,000	4,475,000	8,950,000	7.68%
181-1 Violence Reduction-State				23,255,000	23,255,000	46,510,000	39.88%
996-Z Estimated All Other-Other	24.6	24.6	24.6				
GP Criminal Justice Treatment Account							
001-1 General Fund-State				3,775,000	3,775,000	7,550,000	100.00%
Total Maintenance Level	24.6	24.6	24.6	62,081,000	62,081,000	124,162,000	
% Change from Current Biennium	8.8%	8.8%	8.8%	6.5%	6.5%	6.5%	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Maintenance Level Fund Totals							
001-1 General Fund-State				17,093,000	17,093,000	34,186,000	27.53%
001-2 General Fund-Federal				9,701,125	9,702,125	19,403,250	15.63%
001-7 General Fund-Private/Local				262,000	262,000	524,000	0.42%
001-C General Fund-DSHS Medicaid Federa				7,294,875	7,293,875	14,588,750	11.75%
05C-1 Crim Justice T Acct-State				4,475,000	4,475,000	8,950,000	7.21%
181-1 Violence Reduction-State				23,255,000	23,255,000	46,510,000	37.46%
996-Z Estimated All Other-Other	24.6	24.6	24.6				
GA Expanding Preventative Medical Svcs							
001-1 General Fund-State				7,946,000	17,768,000	25,714,000	
001-C General Fund-DSHS Medicaid Federa				3,973,000	8,884,000	12,857,000	43.43%
				3,973,000	8,884,000	12,857,000	43.43%
GJ Native American Encounter Rate							
001-1 General Fund-State				1,945,000	1,945,000	3,890,000	
				1,945,000	1,945,000	3,890,000	13.14%
2005-07 Total Proposed Budget	24.6	24.6	24.6	71,972,000	81,794,000	153,766,000	
% Change from Current Biennium	8.8%	8.8%	8.8%	23.4%	40.3%	31.9%	
2005-07 Budget Fund Summary Totals							
001-1 General Fund-State				23,011,000	27,922,000	50,933,000	33.12%
001-2 General Fund-Federal				9,701,125	9,702,125	19,403,250	12.62%
001-7 General Fund-Private/Local				262,000	262,000	524,000	0.34%
001-C General Fund-DSHS Medicaid Federa				11,267,875	16,177,875	27,445,750	17.85%
05C-1 Crim Justice T Acct-State				4,475,000	4,475,000	8,950,000	5.82%
181-1 Violence Reduction-State				23,255,000	23,255,000	46,510,000	30.25%
996-Z Estimated All Other-Other	24.6	24.6	24.6				
Total Agency Activity - G015							
Pgm:070							
2003-05 Current Biennium	22.6	22.6	22.6	58,306,000	58,306,000	116,612,000	
Total Carry Forward Level	24.6	24.6	24.6	58,306,000	58,306,000	116,612,000	
% Change from Current Biennium	8.8%	8.8%	8.8%				
Carry Forward Plus Workload Changes	24.6	24.6	24.6	58,306,000	58,306,000	116,612,000	
% Change from Current Biennium	8.8%	8.8%	8.8%				
Total Maintenance Level	24.6	24.6	24.6	62,081,000	62,081,000	124,162,000	
% Change from Current Biennium	8.8%	8.8%	8.8%	6.5%	6.5%	6.5%	
2005-07 Total Proposed Budget	24.6	24.6	24.6	71,972,000	81,794,000	153,766,000	
% Change from Current Biennium	8.8%	8.8%	8.8%	23.4%	40.3%	31.9%	
Agency Activity - G022 - DASA Administration							
Pgm:070							
Total Current Biennium	36.9	36.2	36.6	6,508,000	6,833,000	13,341,000	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Current Biennium Fund Totals							
001-1 General Fund-State				2,955,000	3,296,000	6,251,000	46.86%
001-2 General Fund-Federal				1,619,861	1,629,861	3,249,722	24.36%
001-C General Fund-DSHS Medicaid Federa				930,139	904,139	1,834,278	13.75%
02V-1 Public Safety & Ed.-State				928,000	928,000	1,856,000	13.91%
181-1 Violence Reduction-State				75,000	75,000	150,000	1.12%
996-Z Estimated All Other-Other	36.9	36.2	36.6				
	(0.7)		(0.4)				
00 Carry Forward Adjustments							
001-1 General Fund-State				326,000	1,000	327,000	
001-2 General Fund-Federal				340,000	(1,000)	339,000	103.67%
001-C General Fund-DSHS Medicaid Federa				11,000		11,000	3.36%
996-Z Estimated All Other-Other	(0.7)		(0.4)	(25,000)	2,000	(23,000)	(7.03)%
	36.2	36.2	36.2	6,834,000	6,834,000	13,668,000	
	(1.9)%		(1.0)%	5.0%	0.0%	2.5%	
Total Carry Forward Level							
% Change from Current Biennium							
Total Carry Forward Level Fund Totals							
001-1 General Fund-State				3,295,000	3,295,000	6,590,000	48.21%
001-2 General Fund-Federal				1,630,861	1,629,861	3,260,722	23.86%
001-C General Fund-DSHS Medicaid Federa				905,139	906,139	1,811,278	13.25%
02V-1 Public Safety & Ed.-State				928,000	928,000	1,856,000	13.58%
181-1 Violence Reduction-State				75,000	75,000	150,000	1.10%
996-Z Estimated All Other-Other	36.2	36.2	36.2				
8L Lease Rate Adjustments							
001-1 General Fund-State				2,000	22,000	24,000	83.33%
001-C General Fund-DSHS Medicaid Federa				2,000	18,000	20,000	16.67%
					4,000	4,000	
				6,836,000	6,856,000	13,692,000	
	36.2	36.2	36.2	5.0%	0.3%	2.6%	
	(1.9)%		(1.0)%				
Total Maintenance Level							
% Change from Current Biennium							
Total Maintenance Level Fund Totals							
001-1 General Fund-State				3,297,000	3,313,000	6,610,000	48.28%
001-2 General Fund-Federal				1,630,861	1,629,861	3,260,722	23.81%
001-C General Fund-DSHS Medicaid Federa				905,139	910,139	1,815,278	13.26%
02V-1 Public Safety & Ed.-State				928,000	928,000	1,856,000	13.56%
181-1 Violence Reduction-State				75,000	75,000	150,000	1.10%
996-Z Estimated All Other-Other	36.2	36.2	36.2				
	(0.5)	(0.5)	(0.5)	(16,000)	(16,000)	(32,000)	
				(13,000)	(13,000)	(26,000)	(5.24)%
				(3,000)	(3,000)	(6,000)	(1.21)%
9T Transfers							
001-1 General Fund-State							
001-C General Fund-DSHS Medicaid Federa							
996-Z Estimated All Other-Other	(0.5)	(0.5)	(0.5)				
	3.0	3.0	3.0	268,000	250,000	518,000	86.49%
				222,000	207,000	429,000	17.94%
				46,000	43,000	89,000	
GA Expanding Preventative Medical Svcs							
001-1 General Fund-State							
001-C General Fund-DSHS Medicaid Federa							

Fund and FTE Detail by Fiscal Year

		Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
996-Z	Estimated All Other-Other	3.0	3.0	3.0				
PA	Electronic Intrusion Prevention							
001-1	General Fund-State				9,000	1,000	10,000	2.02%
2005-07 Total Proposed Budget		38.7	38.7	38.7	7,097,000	7,091,000	14,188,000	
% Change from Current Biennium		4.9%	6.9%	5.9%	9.1%	3.8%	6.3%	
2005-07 Budget Fund Summary Totals								
001-1	General Fund-State				3,515,000	3,508,000	7,023,000	49.50%
001-2	General Fund-Federal				1,630,861	1,629,861	3,260,722	22.98%
001-C	General Fund-DSHS Medicaid Federa				948,139	950,139	1,898,278	13.38%
02V-1	Public Safety & Ed.-State				928,000	928,000	1,856,000	13.08%
181-1	Violence Reduction-State				75,000	75,000	150,000	1.06%
996-Z	Estimated All Other-Other	38.7	38.7	38.7				
Total Agency Activity - G022								
Pgm:070								
2003-05 Current Biennium		36.9	36.2	36.6	6,508,000	6,833,000	13,341,000	
Total Carry Forward Level		36.2	36.2	36.2	6,834,000	6,834,000	13,668,000	
% Change from Current Biennium		(1.9)%		(1.0)%	5.0%	0.0%	2.5%	
Carry Forward Plus Workload Changes		36.2	36.2	36.2	6,834,000	6,834,000	13,668,000	
% Change from Current Biennium		(1.9)%		(1.0)%	5.0%	0.0%	2.5%	
Total Maintenance Level		36.2	36.2	36.2	6,836,000	6,856,000	13,692,000	
% Change from Current Biennium		(1.9)%		(1.0)%	5.0%	0.3%	2.6%	
2005-07 Total Proposed Budget		38.7	38.7	38.7	7,097,000	7,091,000	14,188,000	
% Change from Current Biennium		4.9%	6.9%	5.9%	9.1%	3.8%	6.3%	
Agency Activity - G085 - Residential Drug and Alcohol Treatment S								
Pgm:070								
Total Current Biennium		13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	
Current Biennium Fund Totals								
001-1	General Fund-State				18,461,000	18,530,000	36,991,000	53.87%
001-2	General Fund-Federal				14,217,422	14,217,422	28,434,844	41.41%
001-C	General Fund-DSHS Medicaid Federa				1,312,578	1,243,578	2,556,156	3.72%
02V-1	Public Safety & Ed.-State				102,000	102,000	204,000	0.30%
181-1	Violence Reduction-State				241,000	241,000	482,000	0.70%
996-Z	Estimated All Other-Other	13.0	13.0	13.0				
00	Carry Forward Adjustments							
001-1	General Fund-State				69,000		69,000	
001-C	General Fund-DSHS Medicaid Federa				(69,000)		(69,000)	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level	13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	
% Change from Current Biennium							
Total Carry Forward Level Fund Totals							
001-1 General Fund-State				18,530,000	18,530,000	37,060,000	53.97%
001-2 General Fund-Federal				14,217,422	14,217,422	28,434,844	41.41%
001-C General Fund-DSHS Medicaid Federa				1,243,578	1,243,578	2,487,156	3.62%
02V-1 Public Safety & Ed.-State				102,000	102,000	204,000	0.30%
181-1 Violence Reduction-State				241,000	241,000	482,000	0.70%
996-Z Estimated All Other-Other	13.0	13.0	13.0				
GA Expanding Preventative Medical Svcs				18,470,000	39,110,000	57,580,000	
001-1 General Fund-State				14,390,000	30,536,000	44,926,000	49.09%
001-C General Fund-DSHS Medicaid Federa				4,080,000	8,574,000	12,654,000	13.83%
GB Residential Rate Study				3,422,000	4,096,000	7,518,000	
001-1 General Fund-State				3,422,000	3,927,000	7,349,000	8.03%
001-C General Fund-DSHS Medicaid Federa					169,000	169,000	0.18%
GD CSCI - CDPs in State Hospitals				275,000	275,000	550,000	0.60%
001-1 General Fund-State				275,000	275,000	550,000	
GE CSCI - Secure Detox				1,382,000	3,426,000	4,808,000	5.25%
001-1 General Fund-State				1,382,000	3,426,000	4,808,000	
GL CSCI - Cross Sys Crisis Initiative				4,965,000	12,048,000	17,013,000	18.59%
001-1 General Fund-State				4,965,000	12,048,000	17,013,000	
GM CSCI - CD Intensive Case Management				366,000	426,000	792,000	0.87%
001-1 General Fund-State				366,000	426,000	792,000	
GQ Youth Level III				1,656,000	1,606,000	3,262,000	2.65%
001-1 General Fund-State				1,254,000	1,174,000	2,428,000	0.91%
001-C General Fund-DSHS Medicaid Federa				402,000	432,000	834,000	
2005-07 Total Proposed Budget	13.0	13.0	13.0	64,870,000	95,321,000	160,191,000	
% Change from Current Biennium				88.9%	177.6%	133.3%	
2005-07 Budget Fund Summary Totals				44,584,000	70,342,000	114,926,000	71.74%
001-1 General Fund-State				14,217,422	14,217,422	28,434,844	17.75%
001-2 General Fund-Federal				5,725,578	10,418,578	16,144,156	10.08%
001-C General Fund-DSHS Medicaid Federa				102,000	102,000	204,000	0.13%
02V-1 Public Safety & Ed.-State				241,000	241,000	482,000	0.30%
181-1 Violence Reduction-State	13.0	13.0	13.0				
996-Z Estimated All Other-Other							
Total Agency Activity - G085	13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	

Pg#:070

2003-05 Current Biennium

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Carry Forward Level	13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	
% Change from Current Biennium							
Carry Forward Plus Workload Changes	13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	
% Change from Current Biennium							
Total Maintenance Level	13.0	13.0	13.0	34,334,000	34,334,000	68,668,000	
% Change from Current Biennium							
2005-07 Total Proposed Budget	13.0	13.0	13.0	64,870,000	95,321,000	160,191,000	
% Change from Current Biennium				88.9%	177.6%	133.3%	
Agency Activity - G098 - Support Services for Clients Receiving							
D							
Pgm:070							
Total Current Biennium	18.1	18.1	18.1	8,230,000	8,730,000	16,960,000	
Current Biennium Fund Totals							
001-1 General Fund-State				4,185,000	4,792,000	8,977,000	52.93%
001-2 General Fund-Federal				390,592	390,592	781,184	4.61%
001-7 General Fund-Private/Local				53,000	53,000	106,000	0.63%
001-C General Fund-DSHS Medicaid Federa				2,601,408	2,494,408	5,095,816	30.05%
181-1 Violence Reduction-State				1,000,000	1,000,000	2,000,000	11.79%
996-Z Estimated All Other-Other	18.1	18.1	18.1				
00 Carry Forward Adjustments							
001-1 General Fund-State				607,000	(500,000)	(500,000)	(121.40)%
001-C General Fund-DSHS Medicaid Federa				(107,000)		(107,000)	21.40%
181-1 Violence Reduction-State				(500,000)	(500,000)	(1,000,000)	200.00%
Total Carry Forward Level	18.1	18.1	18.1	8,230,000	8,230,000	16,460,000	
% Change from Current Biennium					(5.7)%	(2.9)%	
Total Carry Forward Level Fund Totals							
001-1 General Fund-State				4,792,000	4,792,000	9,584,000	58.23%
001-2 General Fund-Federal				390,592	390,592	781,184	4.75%
001-7 General Fund-Private/Local				53,000	53,000	106,000	0.64%
001-C General Fund-DSHS Medicaid Federa				2,494,408	2,494,408	4,988,816	30.31%
181-1 Violence Reduction-State				500,000	500,000	1,000,000	6.08%
996-Z Estimated All Other-Other	18.1	18.1	18.1				
FD Wide Area Network (WAN) Usage							
001-1 General Fund-State				16,000	11,000	27,000	48.15%
001-C General Fund-DSHS Medicaid Federa				8,000	5,000	13,000	51.85%
Total Maintenance Level	18.1	18.1	18.1	8,246,000	8,241,000	16,487,000	
% Change from Current Biennium				0.2%	(5.6)%	(2.8)%	

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
Total Maintenance Level Fund Totals							
001-1 General Fund-State				4,800,000	4,797,000	9,597,000	58.21%
001-2 General Fund-Federal				390,592	390,592	781,184	4.74%
001-7 General Fund-Private/Local				53,000	53,000	106,000	0.64%
001-C General Fund-DSHS Medicaid Federa				2,502,408	2,500,408	5,002,816	30.34%
181-1 Violence Reduction-State				500,000	500,000	1,000,000	6.07%
996-Z Estimated All Other-Other	18.1	18.1	18.1				
GA Expanding Preventative Medical Svcs							
001-1 General Fund-State				300,000	300,000	600,000	
001-C General Fund-DSHS Medicaid Federa				150,000	150,000	300,000	32.22%
				150,000	150,000	300,000	32.22%
GE CSCI - Secure Detox							
001-1 General Fund-State				75,000	150,000	225,000	
				75,000	150,000	225,000	24.17%
GG Mentoring Program / with ESA							
001-1 General Fund-State				23,000	23,000	46,000	
				23,000	23,000	46,000	4.94%
GQ Youth Level III							
001-1 General Fund-State				60,000	60,000	60,000	
001-C General Fund-DSHS Medicaid Federa				30,000	30,000	30,000	3.22%
				30,000	30,000	30,000	3.22%
2005-07 Total Proposed Budget	18.1	18.1	18.1	8,644,000	8,774,000	17,418,000	
% Change from Current Biennium				5.0%	0.5%	2.7%	
2005-07 Budget Fund Summary Totals							
001-1 General Fund-State				5,048,000	5,150,000	10,198,000	58.55%
001-2 General Fund-Federal				390,592	390,592	781,184	4.48%
001-7 General Fund-Private/Local				53,000	53,000	106,000	0.61%
001-C General Fund-DSHS Medicaid Federa				2,652,408	2,680,408	5,332,816	30.62%
181-1 Violence Reduction-State				500,000	500,000	1,000,000	5.74%
996-Z Estimated All Other-Other	18.1	18.1	18.1				
Total Agency Activity - G098							
Pgm:070							
2003-05 Current Biennium							
Total Carry Forward Level	18.1	18.1	18.1	8,230,000	8,730,000	16,960,000	
% Change from Current Biennium					(5.7)%	(2.9)%	
Carry Forward Plus Workload Changes	18.1	18.1	18.1	8,230,000	8,230,000	16,460,000	
% Change from Current Biennium					(5.7)%	(2.9)%	
Total Maintenance Level	18.1	18.1	18.1	8,230,000	8,230,000	16,460,000	
% Change from Current Biennium					(5.6)%	(2.8)%	
2005-07 Total Proposed Budget	18.1	18.1	18.1	8,246,000	8,241,000	16,487,000	
% Change from Current Biennium				0.2%	0.5%	2.7%	
Total Program - 070							

Fund and FTE Detail by Fiscal Year

	Fiscal Year 1 FTEs	Fiscal Year 2 FTEs	Annual Average FTEs	Fiscal Year 1 Funds	Fiscal Year 2 Funds	Total Funds	Percent Share of Recsum
2003-05 Current Biennium							
Total Carry Forward Level	97.6	96.9	97.3	117,701,000	118,526,000	236,227,000	
% Change from Current Biennium	98.9	98.9	98.9	118,027,000	118,027,000	236,054,000	
Carry Forward Plus Workload Changes	1.3%	2.1%	1.7%	0.3%	(0.4)%	(0.1)%	
% Change from Current Biennium	98.9	98.9	98.9	118,027,000	118,027,000	236,054,000	
	1.3%	2.1%	1.7%	0.3%	(0.4)%	1.7%	
Total Maintenance Level	98.9	98.9	98.9	121,820,000	121,835,000	243,655,000	
% Change from Current Biennium	1.3%	2.1%	1.7%	3.5%	2.8%	3.1%	
2005-07 Total Proposed Budget	102.4	102.4	102.4	163,409,000	203,950,000	367,359,000	
% Change from Current Biennium	4.9%	5.7%	5.3%	38.8%	72.1%	55.5%	

Section 3
Performance Measures

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services Budget Period: 2005-07

Activity: G008 Chemical Dependency Prevention Services

Outcome Measures	G008	Track the number of youth engaged in a one-to-one mentoring relationship during the yrea.		
			<u>FY 2006</u>	<u>FY 2007</u>
070 PL GG		Mentoring Program / with ESA	50.00	50.00
070 PL GN		Mentoring Program	25,000.00	30,000.00

Outcome Measures	G009	The total number of mentors recruited and trained during the year		
			<u>FY 2006</u>	<u>FY 2007</u>
070 PL GG		Mentoring Program / with ESA	50.00	50.00
070 PL GN		Mentoring Program	10,000.00	10,000.00

Outcome Measures	G013	Measure the number of mentors trained.		
			<u>FY 2006</u>	<u>FY 2007</u>
070 PL GN		Mentoring Program	2,000.00	2,000.00

Activity: G015 Community Based Drug and Alcohol Treatment Services

070 M2 GP	Criminal Justice Treatment Account	No measures linked to decision package
-------------------	------------------------------------	--

Outcome Measures	G016	Measure the number of Medicaid Eligible Adults served in Outpatient Treatment.		
			<u>FY 2006</u>	<u>FY 2007</u>
070 PL GA		Expanding Preventative Medical Svcs	1,471.00	1,532.00

Outcome Measures	G018	Assuming the number of clients for the Medicaid program can be capped, DASA proposes to serve non-native clients at Tribal Facilities.		
			<u>FY 2006</u>	<u>FY 2007</u>
070 PL GJ		Native American Encounter Rate	57.00	57.00

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services

Budget Period: 2005-07

Activity: G022 DASA Administration

070	M2	8L	Lease Rate Adjustments
070	M2	8L	Lease Rate Adjustments
070	PL	9T	Transfers
070	PL	9T	Transfers

No measures linked to activity
No measures linked to decision package
No measures linked to activity
No measures linked to decision package

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300	Dept of Social and Health Services	Budget Period:	2005-07
Activity: G085	Residential Drug and Alcohol Treatment Services		
070	PL	GB	Residential Rate Study

No measures linked to decision package

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services Budget Period: 2005-07

Activity: G085 Residential Drug and Alcohol Treatment Services

Outcome Measures				G001	Measure the number of youth treated in the youth level 3 beds.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GQ	Youth Level III			130.00	190.00
Outcome Measures				G002	Measure the percent of youth successfully completing treatment.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GQ	Youth Level III			62.00%	62.00%
Outcome Measures				G003	Measure the decrease in use of evaluation & treatment facilities/community psychiatric hospitals in the year following admission to secure detox.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GE	CSCI - Secure Detox			25.00%	25.00%
070	PL	GL	CSCI - Cross Sys Crisis Initiative			0.00%	0.00%
Outcome Measures				G004	Measure the increase in admissions to chemical dependency treatment.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GE	CSCI - Secure Detox			20.00%	20.00%
070	PL	GL	CSCI - Cross Sys Crisis Initiative			0.00%	0.00%
Outcome Measures				G005	Measure the increase in the number of state hospital patients placed in chemical dependency residential and outpatient treatment on discharge.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GD	CSCI - CDPs in State Hospitals			25.00%	25.00%
070	PL	GL	CSCI - Cross Sys Crisis Initiative			0.00%	0.00%
Outcome Measures				G006	Measure the reduction in re-admission of patients with primary chemical diagnosis.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GD	CSCI - CDPs in State Hospitals			15.00%	15.00%
070	PL	GL	CSCI - Cross Sys Crisis Initiative			0.00%	0.00%
Outcome Measures				G007	Measure the number of individuals served.	<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GL	CSCI - Cross Sys Crisis Initiative			0.00	0.00
070	PL	GM	CSCI - CD Intensive Case Management			120.00	120.00

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services Budget Period: 2005-07

Activity: G085 Residential Drug and Alcohol Treatment Services

Outcome Measures G010 Measure the reduction in homelessness.

				<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GL	CSCI - Cross Sys Crisis Initiative	0.00%	0.00%
070	PL	GM	CSCI - CD Intensive Case Management	25.00%	25.00%

Outcome Measures G011 Measure the reduction in the use of detoxification services as a percentage of CD admissions.

				<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GL	CSCI - Cross Sys Crisis Initiative	0.00%	0.00%
070	PL	GM	CSCI - CD Intensive Case Management	30.00%	30.00%

Outcome Measures G012 Measure the increase in number of clients receiving medical assistance.

				<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GA	Expanding Preventative Medical Svcs	5.00%	5.00%
070	PL	GL	CSCI - Cross Sys Crisis Initiative	0.00%	0.00%
070	PL	GM	CSCI - CD Intensive Case Management	45.00%	45.00%

Outcome Measures G014 Measure the increase in the number of Medicaid Eligible Adults served in Residential Treatment.

				<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GA	Expanding Preventative Medical Svcs	15,384.00	16,012.00

Outcome Measures G015 Measure the increased percentage of youth served in residential treatment.

				<u>FY 2006</u>	<u>FY 2007</u>
070	PL	GA	Expanding Preventative Medical Svcs	15.00%	15.00%

Activity: G098 Support Services for Clients Receiving Drug and Alcohol Treatment

070	M2	FD	Wide Area Network (WAN) Usage		No measures linked to activity
070	M2	FD	Wide Area Network (WAN) Usage	No measures linked to decision package	
070	PL	GD	CSCI - CDPs in State Hospitals		No measures linked to activity
070	PL	GE	CSCI - Secure Detox		No measures linked to activity
070	PL	GQ	Youth Level III		No measures linked to activity

State of Washington
Agency Performance Measure
Incremental Estimates for the Biennial Budget

Agency: 300 Dept of Social and Health Services

Budget Period: 2005-07

Activity: P001 Information Systems Services

070	PL	PA	Electronic Intrusion Prevention
070	PL	PA	Electronic Intrusion Prevention

No measures linked to activity
No measures linked to decision package

Activity Inventory Indirect Cost Allocation Approach

Agency

Date

Allocation Method Description:

	% Allocation Received	Dollars Allocated FY1	Dollars Allocated FY2	Total Allocated
Activity A				
Activity B				
Activity C				
Activity D				

Expenditure Detail By Program

Budget Recommendation Summary

DSHS BUDGET DIVISION

Recommendation Summary

Budget Period:2005-07
Budget Level Criteria: ALL

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 070 - Div of Alc/Substnce Abuse					
CB - Current Biennium					
ZA Current Biennium Base	0	97.3	81,332	154,895	236,227
SubTotal CB		97.3	81,332	154,895	236,227
Cumulative Total Thru CB		97.3	81,332	154,895	236,227
CL - Carry Forward Level					
00 Carry Forward Adjustments	0	1.7	1,312	(1,485)	(173)
SubTotal CL		1.7	1,312	(1,485)	(173)
Cumulative Total Thru CL		98.9	82,644	153,410	236,054
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	20	4	24
FD Wide Area Network (WAN) Usage	0	0.0	13	14	27
GP Criminal Justice Treatment Account	0	0.0	7,550	0	7,550
SubTotal M2		0.0	7,583	18	7,601
Cumulative Total Thru M2		98.9	90,227	153,428	243,655
PL - Performance Level					
9T Transfers	0	(0.5)	(26)	(6)	(32)
GA Expanding Preventative Medical Svcs	0	3.0	58,512	25,900	84,412
GB Residential Rate Study	0	0.0	7,349	169	7,518
GD CSCI - CDPs in State Hospitals	0	0.0	550	0	550
GE CSCI - Secure Detox	0	0.0	5,033	0	5,033
GG Mentoring Program / with ESA	0	0.0	496	0	496
GJ Native American Encounter Rate	0	0.0	3,890	0	3,890
GL CSCI - Cross Sys Crisis Initiative	0	0.0	17,013	0	17,013
GM CSCI - CD Intensive Case Management	0	0.0	792	0	792
GN Mentoring Program	0	1.0	581	119	700
GQ Youth Level III	0	0.0	2,458	864	3,322
PA Electronic Intrusion Prevention	0	0.0	10	0	10
SubTotal PL		3.5	96,658	27,046	123,704
Cumulative Total Thru PL		102.4	186,885	180,474	367,359
Total Proposed Budget for Program 070 - Div of Alc/Substnce Abuse		102.4	186,885	180,474	367,359

Recommendation Summary Text

8L - Lease Rate Adjustments

(M2) Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

9T - Transfers

(PL) This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

State of Washington
Department of Social and Health Services
Recommendation Summary

Budget Period: 2005-07
Budget Level Criteria: ALL

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	---------------------	--------------------	-----------------------	-------------	-------------

FD - Wide Area Network (WAN) Usage

(M2) The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

GA - Expanding Preventative Medical Svcs

(PL) The purpose of this decision package is to provide chemical dependency treatment to: 1) all Adult Medicaid-eligible clients who seek treatment and 2) all youth ages 12-17 in need of treatment who are under 200 percent of the Federal Poverty Level (FPL), regardless of whether they are Medicaid-eligible or not. Due to budgetary constraints the Department of Alcohol and Substance Abuse (DASA) is only able to serve 31.3 percent of adults receiving Medicaid who are in need of treatment and 23.5 percent of youth ages 12-17 in need. Some 68.7 percent of Adult Medicaid eligible clients do not receive treatment, and 76.5 percent of youth in need and under 200 percent FPL do not receive treatment. Research indicates that providing treatment is a preventive medical service and results in significant Medicaid savings. Treatment reduces medical and psychiatric costs by over \$252 per month per client for every person receiving treatment, emergency room visits are reduced by up to 48 percent for persons completing alcohol/drug treatment. Furthermore, chemical dependency treatment reduces dependency on public assistance, results in increased employment, reduces Child Protective Service (CPS) referrals and child welfare system costs, reduces crime and criminal justice costs for both youth and adults due to large reductions in arrests. In addition, providing treatment for youth reduces school dropout and delinquency, and improves academic performance among middle and high school students. A recent study of Washington State middle schools indicated that on average, students whose peers avoided substance use had reading achievement test scores that were 18 points higher and math achievement test scores of 44 points higher than students with low levels of drinking or drug use.

GB - Residential Rate Study

(PL) The purpose of this decision package is to adjust residential rates for chemical dependency treatment of adults and adolescents. This proposal will seek to adjust residential rates for the adult intensive inpatient, recovery house, and youth residential treatment Level II Secure modality.

The groundwork for the upward adjustment of rates is based on an August 2004 Residential Rate Study that suggests current reimbursement rates are grossly inadequate to cover the cost of providing services to this sector. A rate adjustment will ensure that the Department of Social and Health Services (DSHS) can continue to attract and retain qualified providers for these services and avoid potential closure of residential programs.

GD - CSCI - CDPs in State Hospitals

(PL) This decision package requests funding to support five new FTEs for chemical dependency professionals (CDPs) at both Eastern State (ESH) and Western State Hospitals (WSH). CDPs would coordinate placement of clients needing chemical dependency (CD) treatment into community resources upon discharge. In addition, they would provide consultation and training to hospital staff and could provide other CD services as needed including assessments to determine the level of CD diagnosis and treatment required. This decision package is part of the Cross System Crisis Initiative (CSCI).

GE - CSCI - Secure Detox

(PL) This decision package is part of the Cross System Crisis Initiative and it proposes to pilot two secure detoxification facilities--one in an urban area and one in a suburban area. Current acute and sub acute detoxification centers do not have the capacity to assess, evaluate or detain individuals affected by alcohol and or other drugs. These facilities will provide immediate placement for persons detained under RCW 70.96A involuntary treatment laws. They would be unique from existing chemical dependency detoxification centers because they would commit persons for up to 14 days for better evaluation, assessment, and treatment. Current detoxification facilities cannot perform this function. This decision package is associated with the Cross System Crisis Initiative as the secured detoxification facilities located east and west of the state that County Designated Mental Health Professionals (CDMHPs) and County Designated Chemical Dependency Professional

State of Washington
Department of Social and Health Services
Recommendation Summary

Budget Period: 2005-07
Budget Level Criteria: ALL

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	---------------------	--------------------	-----------------------	-------------	-------------

GE - CSCI - Secure Detox

(CDCDs) would use when placing an individual in crisis in 72 hour detention or 14 day commitments.

GG - Mentoring Program / with ESA

(PL) The purpose of the decision package is to implement a mentoring project in two local WorkFirst service areas to demonstrate the impacts of: A) providing positive, supportive mentor relationships with an adult for children in poverty and B) effective communication between agencies specifically directed toward meeting the mentoring needs of mutual clients. The focus population for this initiative will be children in Grades 4-8 whose families receive WorkFirst support, particularly those who have at least one family member who is receiving or has received substance abuse treatment services through local Division of Alcohol and Substance Abuse (DASA) contractors. Children participating in this program will experience: increased school academic performance, increased school attendance, decreased violent or aggressive behavior, increased coping and stress management skills, and increased ability to function better within their family or their out-of-home placement situations.

GJ - Native American Encounter Rate

(PL) The purpose of this decision package is to reimburse Indian Health Service facilities that provide chemical dependency treatment services to non-natives Medicaid eligible clients by providing a state match to federal dollars received from the federal Centers for Medicare and Medicaid Service (CMS).

GL - CSCI - Cross Sys Crisis Initiative

(PL) The purpose of this decision package is to develop a comprehensive crisis response and involuntary treatment system for persons with chemical dependency (CD) in order to reduce inappropriate use of more expensive, and less effective, psychiatric, medical, and/or criminal justice services.

GM - CSCI - CD Intensive Case Management

(PL) This decision package is part of the Cross System Crisis Initiative (CSCI). Some chemically dependent individuals utilize tens to hundreds of thousands of dollars worth of crisis services each year. Many times they are not effectively treated and/or managed, so they end up in a revolving door of emergency room visits, hospitalization, jail, detoxification, and emergency services. Chemical Dependency Case Managers (CDCM) could help these individuals achieve and maintain stability by advocating for their needs and navigating access to community resources. The Division of Alcohol and Substance Abuse (DASA) proposes to pilot CDCMs in two sites, one suburban and one urban. A study would be conducted to determine the impact on service utilization.

GN - Mentoring Program

(PL) This decision package is designed to implement a statewide mentoring program and increase the number of quality mentors in Washington. The package supports the work of the Washington State Mentoring Partnership (WSMP), an organization dedicated to strengthening and expanding youth mentoring in the state. WSMP is a public-private partnership supported by the Department of Social and Health Services (DSHS) and a variety of private-sector leaders, including Costco Wholesale. Funding is requested for one FTE to oversee the DSHS mentoring program and to provide continued funding for the WSMP.

GP - Criminal Justice Treatment Account

(M2) This decision package requests a technical correction to the Carry Forward Level for meeting the Fiscal Year 2006 and Fiscal Year 2007 statutory provisions dictating the use of judicially supervised substance abuse treatment in lieu of incarceration, for offenders filed upon by local prosecutors, via a transfer of funds from the Criminal Justice Treatment Account (CJTA) to the Division of Alcohol and Substance Abuse (DASA) as mandated under Revised Code of Washington (RCW) 70.96A.350.

GQ - Youth Level III

Recommendation Summary

Budget Period: 2005-07
Budget Level Criteria: ALL

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
----------------------	---------------------	--------------------	-----------------------	-------------	-------------

GQ - Youth Level III

(PL) Funding is requested to provide services to high-risk, severely disturbed, chronic runaway youth with co-occurring chemical dependency (CD) and mental health problems whose out-of-control behaviors pose a risk of harm to themselves, other patients, and/or treatment staff. These youth are in need of a short-term, intensive, secure, multi-disciplinary evaluation and treatment stay to increase their ability to be treated in less intensive, longer-term chemical dependency treatment services. Funding is requested for a 16-bed facility.

PA - Electronic Intrusion Prevention

(PL) Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

Expenditure Detail By Program

Agency Budget Levels Summary

DSHS BUDGET DIVISION

State of Washington
Department of Social and Health Services
2005-07 Agency Budget Levels by Program (DSHS B5)

With Objects - All
All Fund/Approp Types

Version: 11									
2005-07 Agency Request Budget									
Program: 070 - Div of Alc/Substance Abuse									
	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level		
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	
FTEs									
996-Z FTEs (EAOF-Other)	97.6	96.9	98.9	98.9	98.9	98.9	102.4	102.4	
996-Z FTEs - Annual Average		97.3		98.9		98.9			
Objects of Expenditure									
A Salaries And Wages	4,820,263	4,801,250	4,801,250	4,801,250	4,801,250	4,801,250	5,017,250	5,017,250	
B Employee Benefits	1,219,455	1,314,139	1,316,139	1,315,139	1,316,139	1,315,139	1,363,139	1,362,139	
E Goods And Services	798,210	796,724	796,896	796,724	798,896	818,724	1,319,896	1,729,724	
G Travel	412,762	412,762	412,762	412,762	412,762	412,762	460,762	454,762	
J Capital Outlays	110,500	110,500	110,500	110,500	110,500	110,500	138,500	120,500	
N Grants, Benfts Servs	110,253,414	110,753,414	110,253,414	110,253,414	114,028,414	114,028,414	154,744,414	194,912,414	
S Interagency Reimburs	20,000	270,000	270,000	270,000	270,000	270,000	270,000	270,000	
TZ Unidentified	66,396	67,211	66,039	67,211	82,039	78,211	95,039	83,211	
Total Objects of Expenditure	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000	
Source of Funds									
DSHS Sources for 001-1									
001-1 0011 GF- State	40,009,000	41,323,000	41,322,000	41,322,000	45,107,000	45,120,000	77,988,000	108,897,000	
Total for: 001-1, Gnl Fnd-State	40,009,000	41,323,000	41,322,000	41,322,000	45,107,000	45,120,000	77,988,000	108,897,000	
DSHS Sources for 001-2									
001-2 230B Cnsld Knw Dev(100%)	860,642	860,642	860,642	860,642	860,642	860,642	860,642	860,642	
001-2 727B CmbtYthDrng(100%)	825,000	825,000	825,000	825,000	825,000	825,000	825,000	825,000	
001-2 959B SAPT BG (100%)	33,064,358	33,075,358	33,065,358	33,075,358	33,065,358	33,075,358	33,065,358	33,075,358	
001-2 999B Misc (100%)	115,000	115,000	125,000	115,000	125,000	115,000	125,000	115,000	
Total for: 001-2, Gnl Fnd-Federal	34,865,000	34,876,000	34,876,000	34,876,000	34,876,000	34,876,000	34,876,000	34,876,000	
DSHS Sources for 001-7									
001-7 5417 Contr & Gmt	315,000	315,000	315,000	315,000	315,000	315,000	315,000	315,000	
Total for: 001-7, Gnl Fnd-Priv-Loc	315,000	315,000	315,000	315,000	315,000	315,000	315,000	315,000	
DSHS Sources for 001-C									
001-C 19TA T19 Assist (FMAP)	9,730,000	9,242,000	9,242,000	9,242,000	9,242,000	9,242,000	17,847,000	27,481,000	
001-C 19TB T19 Assist (100%)	1,475,000	1,475,000	1,475,000	1,475,000	1,475,000	1,475,000	1,475,000	1,475,000	
001-C 19UL T19 Admin (50%)	1,231,000	1,219,000	1,221,000	1,221,000	1,229,000	1,231,000	1,332,000	1,330,000	
Total for: 001-C, Gnl Fnd-DSHS Med	12,436,000	11,936,000	11,938,000	11,938,000	11,946,000	11,948,000	20,654,000	30,286,000	

State of Washington
Department of Social and Health Services
2005-07 Agency Budget Levels by Program (DSHS B5)

All Fund/Approp Types

With Objects - All

Version: 11

2005-07 Agency Request Budget

Program: 070 - Div of Alc/Substance Abuse

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Source of Funds								
DSHS Sources for 02V-1								
02V-1 02V1 PS & E	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000
Total for: 02V-1, Pblc S&E-State	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000
DSHS Sources for 05C-1								
05C-1 05C1 Criminal Justice Trn	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000
Total for: 05C-1, CJTA-State	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000	4,475,000
DSHS Sources for 181-1								
181-1 1811 VRD&E	24,571,000	24,571,000	24,071,000	24,071,000	24,071,000	24,071,000	24,071,000	24,071,000
Total for: 181-1, Violence-State	24,571,000	24,571,000	24,071,000	24,071,000	24,071,000	24,071,000	24,071,000	24,071,000
Total Source of Funds	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000
Total Objects - Program: 070	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000
Biennial Total Objects - Program: 070		236,227,000	236,054,000	236,054,000		243,655,000		367,359,000
Total Funds - Program: 070	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000
Biennial Total Funds - Program: 070		236,227,000	236,054,000	236,054,000		243,655,000		367,359,000

State of Washington
Department of Social and Health Services
2005-07 Agency Budget Levels by Program (DSHS B5)

Version: 11 2005-07 Agency Request Budget	With Objects - All						All Fund/Approp Types	
	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Overall Total Objects	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000
Biennial Overall Total Objects		236,227,000		236,054,000		243,655,000		367,359,000
Overall Total Funds	117,701,000	118,526,000	118,027,000	118,027,000	121,820,000	121,835,000	163,409,000	203,950,000
Biennial Overall Total Funds		236,227,000		236,054,000		243,655,000		367,359,000

State of Washington
Department of Social and Health Services
Recommendation Summary

Budget Period:2005-07
Budget Level Criteria: M1+M2

Version: 11 - 2005-07 Agency Request Budget

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 070 - Div of Alc/Substnce Abuse					
M2 - Inflation and Other Rate Changes					
8L Lease Rate Adjustments	0	0.0	20	4	24
FD Wide Area Network (WAN) Usage	0	0.0	13	14	27
GP Criminal Justice Treatment Account	0	0.0	7,550	0	7,550
SubTotal M2		<u>0.0</u>	<u>7,583</u>	<u>18</u>	<u>7,601</u>
Total Proposed M1+M2 Budget for Program 070 - Div of Alc/Substnce Abuse		0.0	7,583	18	7,601

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested for the incremental cost of lease renewals on site in the Department of Social and Health Services (DSHS) offices and client service centers statewide.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	2,000	18,000	20,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	0	4,000	4,000
Total Cost	2,000	22,000	24,000

Staffing

Package Description:

Most DSHS staff work in facilities leased from public or private entities. Many of these facilities house field service staff, which provide services to over 1.3 million persons each year. To accommodate clients and provide ready access to services, the department currently leases over 3.5 million square feet of office space at over 200 locations throughout the state. To the greatest extent possible, the department requires the various programs to co-locate their offices.

Leases typically run five-years or longer, and are generally renewed unless space or physical conditions require relocation. Most leases increase at the time of renewal. This request for additional funds results from mandatory lease renewals anticipated during the 2005-07 Biennium.

The Department of General Administration (GA) has indicated an across the board use of an average rate of 3 percent per-year for five-years (15 percent) to calculate for leases anticipated to expire during the 2005-07 Biennium.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Funding is requested for the incremental cost of lease renewals on site in DSHS offices and client service centers statewide.

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Reason for change:

Approximately 60 leases will expire during the 2005-07 Biennium. With the assistance of GA, the department negotiates the most cost-effective lease rates possible for the necessary space needed. In addition, the department is occasionally required to relocate by the landlord or from other circumstances, such as the closure of a building. In general, landlords increase lease rates at the time of renewal. The estimated percent of increases for leases that are expected to expire in the 2005-07 Biennium is 15 percent.

Impact on clients and services:

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

To meet the needs of the clients served by DSHS, offices are placed in locations that are safe and convenient to access. In addition, field staff who meet and visit clients in locations other than their office are located in buildings that are close to the clients they serve in order to save travel and employee time costs. Funding the lease costs will allow this practice to continue at the current level of service.

Impact on other state programs:

All programs within DSHS are affected. Because some DSHS offices are co-located with other state agencies, the lease expiration and renewal may effect other state programs.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

In order to take advantage of lease rates that are significantly below market, DSHS signs contracts with building owners, which obligate DSHS to pay agreed-upon, and legally binding rates for specific periods. The department has no alternative to payment of lease obligations.

Budget impacts in future biennia:

Lease costs will continue into future biennia. A bow wave step will be necessary to carry forward funding at the Fiscal Year 2007 level. The DSHS bow wave will be approximately \$1,305,000 GF-S in Fiscal Year 2008 and \$463,000 in Fiscal Year 2009.

Distinction between one-time and ongoing costs:

This increase is an ongoing cost.

Effects of non-funding:

Leased facilities are necessary to house field staff in client-convenient locations to provide the required assistance. The department has a legal obligation to pay lease expenses. Non-funding of lease adjustments would require the department to cut other vital services to clients.

Expenditure Calculations and Assumptions:

DSHS has an updated lease base to reflect the monthly lease expenditures in 2003-07 and includes the leases that expire in the 2005-07 Biennium. The ML step consists of working from the Fiscal Year 2005 base and increasing the lease costs by 15 percent beginning on the lease expiration date for each individual lease that expires in Fiscal Year 2006 and Fiscal Year 2007, with the assumption for ML purposes that all leases will be renewed on site. Any exceptions made are noted.

See attachment - AW M2-8L Attachment 1.xls

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	2,000	22,000	24,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	2,000	18,000	20,000
<i>Total for Fund 001-1</i>	<u>2,000</u>	<u>18,000</u>	<u>20,000</u>
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	0	4,000	4,000
<i>Total for Fund 001-C</i>	<u>0</u>	<u>4,000</u>	<u>4,000</u>
Total Overall Funding	<u>2,000</u>	<u>22,000</u>	<u>24,000</u>

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes
010	Aberdeen	514	01/01/98	03/31/03	14.01	10,326	144,636	144,636	0	144,636	0
	Arlington	728	05/01/01	04/30/11	20.38	17,581	358,258	358,972	712	362,532	4,272 Lease Step 5/1/06
	Bellevue	632	03/01/96	02/28/06	21.70	19,506	423,245	423,240	21,164	486,732	63,492
	Bellingham	565	10/10/99	09/30/04	15.50	15,840	245,520	245,520	9,207	282,348	9,207
	Centralia	800	04/01/01	03/31/11	19.36	19,292	373,405	383,581	30,531	414,111	30,531 Lease Step 4/1/05
	Clarkston	575	02/01/00	01/31/05	15.21	3,878	58,986	62,677	5,159	67,836	5,159
	Colfax	618	11/01/96	10/31/06	14.78	3,321	49,091	49,092	0	54,004	4,912
	Colfax Addl Request				14.78	3,898	57,612	57,612	0	63,372	5,760
	Colville	119	02/01/00	01/31/05	15.19	5,315	80,737	85,781	7,063	92,844	7,063
	Ellensburg	122	05/01/01	04/30/06	17.84	3,960	70,637	70,632	1,766	81,228	10,596
	Everett	127	07/01/02	06/30/10	21.00	29,023	609,506	609,504	67,305	676,809	67,305 Lease Step 7/1/05
	Forks	135	01/01/97	05/31/04	12.98	2,278	29,573	34,008	0	34,008	0
	Friday Harbor	398	03/01/01	02/28/06	22.84	1,230	28,099	28,104	1,404	32,316	4,212
	Goldendale	454	12/01/01	11/30/06	15.45	1,998	30,866	30,864	0	33,566	2,702
	Kelso	563	11/01/00	12/31/15	14.93	14,188	211,796	216,850	5,050	221,900	5,050 Lease Step 1/1/05
	Kent	450	12/01/01	11/30/06	20.05	35,379	709,343	709,344	0	771,413	62,069
	Lacey - Martin Way	Unkn	09/01/04	unkn	15.58	15,067	235,016	235,020	0	235,020	0
	Long Beach	854	12/31/00	11/30/10	18.96	3,824	72,520	72,516	0	72,516	0
	Lynnwood	643	07/01/99	06/30/09	20.73	14,637	303,408	303,408	0	303,408	0
	Monroe	861	05/01/03	04/30/13	24.77	9,566	236,910	236,916	0	236,916	0
	Moses Lake	154	08/01/95	07/31/05	13.80	7,466	103,043	103,044	14,168	118,500	15,456
	Mount Vernon	655	01/01/98	11/30/07	15.69	15,041	235,987	235,992	0	235,992	0
	Newport	603	09/01/95	08/31/05	16.76	2,093	35,086	35,088	4,390	40,356	5,268
	Newport Addl Request				16.76	2,812	47,129	47,124	5,890	54,192	7,068
	Oak Harbor	487	05/01/93	04/30/08	17.93	6,105	109,489	109,488	0	109,488	0
	Omak	385	05/01/01	04/30/06	16.76	4,879	81,750	81,756	2,044	94,020	12,264
	Port Angeles	693	09/01/99	08/31/04	20.56	12,837	263,962	266,964	6,600	303,564	6,600
	Port Townsend	181	10/01/98	03/31/04	17.19	2,592	44,556	44,556	0	44,556	0
	Republic	642	08/01/03	07/31/08	16.33	484	7,904	7,908	0	7,908	0
	Richland	729	12/01/98	11/30/08	15.48	15,938	246,720	246,720	0	246,720	0
	Seattle	403	03/01/02	02/28/07	19.05	15,496	295,197	295,200	0	309,960	14,760
	Seattle	610	06/01/98	09/30/05	18.18	3,750	68,192	68,196	7,668	78,420	10,224
	Seattle	610	06/01/98	09/30/05	18.18	9,277	168,685	168,684	18,981	193,992	25,308
	Seattle Space Addit	610	08/01/04	09/30/05	20.00	20,949	418,979	418,979	89,506	525,624	106,645
	Seattle	201	03/03/03	06/30/04			0	0	0	0	0 This lease has expired.
	Graham St Lease	918	07/01/04	06/30/14	20.00	41,320	826,407	826,404	0	826,404	0
	Seattle	637	07/01/03	06/30/13	26.71	44,310	1,183,369	1,183,368	0	1,183,368	0
	Shelton	666	11/01/99	10/31/09	17.14	4,316	73,975	76,998	1,509	78,506	1,509 Lease Step 11/1/04
	Spokane	654	10/01/03	09/30/08	18.53	59,121	1,095,587	1,095,588	0	1,095,588	0
	Stevenson	617	05/01/97	04/30/12	16.16	3,035	49,045	49,044	0	49,044	0
	Sunnyside	616	08/01/02	07/31/07	13.98	5,581	78,021	78,024	0	78,024	0
	Tacoma	233	02/01/87	01/31/13	20.61	58,877	1,213,239	1,249,632	37,488	1,287,120	37,488 Lease Step 7/1/04 & 7/1/05
	Tacoma	532	06/01/93	05/31/13	27.48	7,963	218,787	218,784	0	218,784	0
	Tacoma	912	09/01/02	08/31/07	6.80	4,320	29,358	29,364	0	29,364	0
	Toppenish	798	01/01/00	12/31/09	17.10	10,164	173,818	173,820	0	173,820	0
	Turnwater	851	01/01/02	12/31/11	20.13	37,758	760,002	760,008	0	795,587	25,579 Lease Step 1/1/07
	Vancouver	260	08/01/03	07/31/13	18.69	33,034	617,412	617,412	0	617,412	0
	Walla Walla	274	01/01/04	12/31/08	14.58	10,702	156,048	156,048	0	156,048	0

**2005-07 Biennium
M2-8L Lease Rate Adjustments**

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes
Prog											
020											
Wenatchee	277	11/01/03	10/31/08	17.19	9,934	170,772	170,772	6	170,772	0	0 Changed to reflect lease value
White Salmon	278	01/01/03	12/31/08	14.03	1,291	18,109	18,108	(1)	18,108	0	0
Yakima	282	05/27/99	06/30/19	13.99	25,461	356,100	366,780	10,680	377,784	11,004	22,332 Lease Step 7/1/04, 7/1/05 & 7/1/06
Yakima	731	01/01/04	12/31/08	16.19	7,959	128,856	128,856	(0)	128,856	0	0 Changed to reflect lease value
Month Total				19.01	724,130	13,767,605	13,906,747	139,141	14,255,355	14,479,578	572,831
Increase/Annual Total					Fastrack:	13,182,395			348,609	14,479,578	573,000
									Rounded:		
									349,000		
030											
Bremerton	765	03/01/04	02/28/09	16.01	2,300	36,814	36,816	2	36,816	0	0
Everett	132	05/01/99	06/30/04	16.39	18,000	294,944	339,192	44,248	339,192	0	0
Kelso	563	11/01/00	12/31/15	14.93	2,240	33,441	34,240	799	35,037	796	796 Lease Step 1/1/05
Mount Vernon	655	01/01/98	11/30/07	15.69	1,724	27,056	27,060	4	27,060	0	0
Olympia	622	01/01/04	12/31/08	18.72	7,614	142,562	142,560	(2)	142,560	0	0 Combined OJJ and Region 6
Seattle	505	11/01/02	10/31/12	25.04	22,213	556,119	556,116	(3)	556,116	0	0
Spokane	801	09/01/00	08/30/10	16.74	6,226	104,219	104,218	(1)	113,705	9,487	11,385 Lease Step 9/1/05
Tacoma	532	06/01/93	05/31/13	27.48	9,068	249,703	249,708	5	249,708	0	0
Vancouver	775	09/01/00	08/31/05	19.86	2,854	56,685	56,688	3	63,778	7,090	8,508
Wenatchee	277	11/01/03	10/31/08	17.18	284	4,879	4,884	5	4,884	0	0 Changed to reflect lease value
Yakima	283	11/01/03	10/31/04	11.29	14,280	161,221	177,340	16,119	185,400	8,060	8,060 Changed to reflect lease value
Month Total				19.21	86,823	1,667,643	1,728,822	61,179	1,754,256	1,757,571	28,749
Increase/Annual Total					Fastrack:	1,671,517			25,434	1,757,571	29,000
									Rounded:		
									25,000		
040											
Seattle (SCTF)	929	11/01/03	10/31/13	12.18	14,960	182,162	149,400	(32,762)	149,400	0	0
Stellacoom	890	09/01/03	08/31/05	18.54	4,000	74,160	74,160	0	83,430	9,270	11,124
Total					18,960	256,322	223,560	(32,762)	232,830	9,270	11,124
Increase/Annual Total					Fastrack:	189,286			Rounded:		11,000
									9,000		
040											
From 040 Tab				16.91	143,888	2,432,780	2,492,844	60,064	2,553,397	2,623,639	130,795
Total					Fastrack:	2,274,901			Rounded:		131,000
Increase/Annual Total									60,552		
									61,000		
050											
Aberdeen	680	12/01/02	11/30/07	13.81	5,121	70,721	70,716	(5)	70,716	0	0
Arlington	728	05/01/01	04/30/11	20.38	6,907	140,744	140,748	4	141,027	279	1,675 Lease Step 5/1/06
Bellingham	723	03/01/03	02/29/08	16.95	6,778	114,887	114,888	1	128,199	255	1,532 Lease Step 5/1/06
Bremerton	430	06/01/91	05/31/09	18.86	5,791	109,221	109,224	3	114,888	0	0
Chehalis	799	11/01/03	10/31/05	11.50	3,602	41,424	41,424	0	109,224	0	0
Clarkston	575	02/01/00	01/31/05	15.21	1,406	21,388	22,719	1,331	45,568	4,144	6,216
Colfax	618	11/01/96	10/31/06	14.79	578	8,548	8,544	(4)	1,869	24,588	1,869
Colville	119	02/01/00	01/31/05	15.19	2,372	36,034	38,286	2,252	8,544	0	856
Ellensburg	122	05/01/01	04/30/06	17.84	602	10,737	10,740	3	41,436	3,150	3,150
Everett	127	07/01/02	06/30/10	21.00	6,521	136,946	136,944	(2)	268	12,348	1,608
Friday Harbor	398	03/01/01	02/28/06	22.83	362	8,264	8,268	4	152,068	15,124	15,124 Lease Step 7/1/05
									9,504	1,236	

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments	City	Count #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes
Goldendale		454	12/01/01	11/30/06	15.49	123	1,905	1,908	1,908	0	168
Grandview (West)		627	07/01/97	06/30/07	16.22	506	8,208	8,208	8,208	0	0
Kelso		563	11/01/00	12/31/15	14.93	560	8,360	8,562	8,759	198	198 Lease Step 11/1/05
Kelso		563	11/01/00	12/31/15	14.92	2,194	32,745	33,527	34,307	779	779 Lease Step 11/1/05
Lacey-hqt		651	05/01/00	04/01/10	16.92	57,059	965,549	965,544	968,291	2,747	2,747 Lease Step 7/1/05
Lacey-hqt		651	05/01/00	04/01/10	16.92	4,032	68,229	68,232	68,423	191	191 Lease Step 7/1/05
Long Beach		854	12/31/00	11/30/10	18.99	267	5,069	5,064	5,064	0	0
Lynnwood		485	12/01/02	11/30/07	19.08	3,129	72,956	72,960	72,960	0	0
Lynnwood		485	12/01/02	11/30/07	19.08	3,129	59,692	59,688	59,688	0	0
Monroe		516	07/01/98	06/30/08	21.01	984	20,677	20,676	20,676	0	0
Moses Lake		154	08/01/95	07/31/05	13.79	785	10,828	10,824	12,309	1,485	1,620
Mount Vernon		655	01/01/98	11/30/07	15.69	5,461	85,677	85,680	85,680	0	0
Newport		603	09/01/95	08/31/05	16.77	310	5,198	5,196	5,846	650	780
Oak Harbor		566	08/01/01	07/31/06	16.36	722	11,811	11,808	11,808	0	1,628
Omak		385	05/01/01	04/30/06	16.75	1,361	22,799	22,800	23,370	570	3,420
Pasco		175	10/01/98	11/30/04	14.15	174	2,462	2,677	2,832	155	155
Pasco		175	10/01/98	11/30/04	14.14	2,613	36,936	40,170	42,480	2,310	2,310
Port Angeles		613	06/01/96	05/31/05	19.62	211	4,140	4,192	4,764	572	572
Port Angeles		613	06/01/96	05/31/05	19.62	5,065	99,357	100,602	114,264	13,662	13,662
Port Townsend		181	10/01/98	03/31/04	17.19	80	1,375	1,584	1,584	0	0
Port Townsend		864	08/01/02	05/31/06	14.67	592	8,684	8,688	8,797	109	1,308
Republic		642	08/01/03	07/31/08	14.95	484	7,234	7,236	7,236	0	0
Seattle		348	08/01/99	07/31/09	17.79	12,725	226,411	242,537	244,003	1,466	1,466 Lease Step 8/1/04
Seattle		348	08/01/99	07/31/09	17.79	39,281	698,921	748,700	753,226	4,526	4,526 Lease Step 8/1/04
Shelton		637	09/01/97	09/30/07	17.82	391	6,969	6,972	6,972	0	0
South Bend		666	11/01/99	10/31/09	17.13	703	12,042	12,536	12,780	244	244 Lease Step 11/1/04
Spokane		290	04/01/04	03/31/09	16.00	17,874	285,984	285,984	285,984	0	0
Spokane		387	09/01/00	08/31/05	16.50	8,538	140,877	140,880	140,880	0	17,610
Stevens		617	05/01/97	04/30/12	16.15	253	4,087	4,092	4,092	0	0
Sunnyside		688	05/01/98	04/30/08	12.69	1,554	19,717	19,716	19,716	0	0
Tacoma		233	02/01/87	01/31/13	20.61	306	6,303	6,492	6,684	192	192 Lease Step 7/1/04 & 7/1/05
Tacoma		233	02/01/87	01/31/13	20.61	3,670	75,631	77,904	80,244	2,340	2,340 Lease Step 7/1/04 & 7/1/05
Tacoma		752	02/01/00	01/31/05	18.72	19,116	393,909	405,732	417,900	12,168	12,168 Lease Step 7/1/04 & 7/1/05
Turnwater-hqt		701	03/01/99	02/28/09	18.54	12,496	231,676	231,672	231,672	0	0
Vancouver		696	07/01/03	06/30/08	15.30	3,609	55,216	55,212	55,212	0	0
Vancouver		696	07/01/03	06/30/08	15.30	8,341	127,619	127,620	127,620	0	0
Walla Walla		274	01/01/04	12/31/08	7.25	3,018	21,887	21,888	21,888	0	0
Wapato		523	09/01/03	08/31/08	12.41	2,392	29,680	29,676	29,676	0	0
Wenatchee		913	07/01/03	06/30/08	15.56	3,402	52,920	52,920	52,920	0	0
White Salmon		278	01/01/03	12/31/08	14.02	525	7,359	7,356	7,356	0	0
Yakima		282	05/27/99	06/30/19	13.54	99	1,340	1,380	1,416	36	84 Lease Step 7/1/04, 7/1/05 & 7/1/06
Yakima		282	05/27/99	06/30/19	13.54	7,920	107,217	110,436	113,748	3,312	6,720 Lease Step 7/1/04, 7/1/05 & 7/1/06
Yakima		835	01/01/00	12/31/04	15.94	4,973	79,273	85,218	91,164	5,946	5,946
Total					17.23	295,793	5,095,747	5,203,776	5,295,017	91,241	126,182
Increase/Annual Total						Fastrack:	5,098,636	5,203,776	5,295,017	91,241	126,000

060

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes
Aberdeen	101	01/01/98	03/31/03	14.01	15,510	217,248	(1)	217,248	0	217,248	0 Add
Aberdeen	514	01/01/98	03/31/03	14.01	4,643	65,040	0	65,040	0	65,040	0 Add
Arlington	495	02/01/03	01/31/08	18.68	18,836	351,852	(4)	351,852	0	351,852	0
Arlington	728	05/01/01	04/30/11	20.37	314	6,397	(1)	6,397	13	6,474	78 Lease Step 5/1/06
Arlington	728	05/01/01	04/30/11	20.37	314	6,397	(1)	6,397	13	6,474	78 Lease Step 5/1/06
Arlington	848	08/01/00	07/31/10	20.99	12,102	254,028	(1)	254,028	13,862	269,150	15,122 Lease Step 8/1/05
Bellevue	632	03/01/96	02/28/06	21.70	26,885	583,362	6	612,536	29,168	670,872	87,504
Bellevue	632	03/01/96	02/28/06	21.70	2,270	49,272	5	51,736	2,464	56,664	7,392
Bellingham	106	07/01/03	06/30/13	18.81	1,293	24,324	0	24,324	0	24,324	0
Bellingham	106	07/01/03	06/30/13	18.81	22,923	431,201	(5)	431,196	0	431,196	0
Bellingham	106	07/01/03	06/30/13	18.81	1,411	26,532	(3)	26,532	0	26,532	0
Bremerton	430	06/01/91	05/31/09	18.87	606	11,437	(1)	11,436	0	11,436	0
Bremerton	430	06/01/91	05/31/09	18.87	23,922	451,178	(2)	451,176	0	451,176	0
Burien	111	11/01/93	07/01/04	15.58	30,255	471,348	64,812	536,160	5,892	542,052	5,892
Due to Leaseholdover Landlord is Charging Double Rent. Lease rate is expected to decrease in Jan 05											
Chehalis	921	07/01/98	12/31/04	28.00	12,650	354,200	(76,924)	277,276	(76,928)	200,349	(76,928)
Clarkston	575	02/01/00	01/31/05	15.21	8,066	122,700	7,670	130,370	10,738	141,108	10,738
Colfax	618	11/01/96	10/31/06	14.78	4,164	61,547	1	61,548	0	67,700	6,152
Colville	119	02/01/00	01/31/05	15.19	9,560	145,218	9,081	154,299	12,705	167,004	12,705
Davenport	120	12/01/99	11/30/04	10.82	2,919	31,574	2,763	34,337	1,975	36,312	1,975
Ellensburg	122	05/01/01	04/30/06	17.84	4,995	89,097	3	89,100	0	102,468	13,368
Everett	127	07/01/02	06/30/10	21.00	4,317	90,654	6	90,660	10,005	100,665	10,005
Everett	127	07/01/02	06/30/10	21.00	31,227	655,798	2	655,800	72,413	728,213	72,413
Everett	127	07/01/02	06/30/10	21.00	3,123	65,580	0	65,580	7,241	72,821	7,241
Everett	449	11/01/01	11/30/06	18.20	47,662	867,462	6	867,468	0	943,369	75,901
Federal Way	756	10/01/00	09/30/10	23.92	22,590	540,377	(5)	540,372	0	540,372	0
File	884	10/01/01	09/30/11	22.47	27,856	625,996	(4)	625,992	0	631,579	5,587
Forks	135	01/01/97	05/31/04	13.04	5,048	65,838	9,882	75,720	0	75,720	0
Friday Harbor	398	03/01/01	02/28/06	22.83	364	8,309	(5)	8,304	416	9,552	1,248
Goldendale	454	12/01/01	11/30/06	15.45	4,045	62,494	2	62,496	0	67,963	5,467
Grandview (West)	627	07/01/97	06/30/07	16.22	1,090	17,678	(2)	17,676	0	17,676	0
Grandview (West)	627	07/01/97	06/30/07	16.22	11,278	182,888	4	182,892	0	182,892	0
Kelso	563	11/01/00	12/31/15	14.93	25,249	376,913	8,988	385,901	8,993	394,895	8,993
Kelso	563	11/01/00	12/31/15	14.93	560	8,360	202	8,562	198	8,759	198
Kennewick	548	12/01/03	11/30/08	15.19	392	5,956	(4)	5,952	0	5,952	0
Kennewick	548	12/01/03	11/30/08	15.19	21,060	319,904	4	319,908	0	319,908	0
Kennewick	548	12/01/03	11/30/08	15.19	1,407	21,374	(2)	21,372	0	21,372	0
Kennewick	764	10/01/99	09/30/04	15.61	15,606	243,627	27,402	280,164	9,135	280,164	9,135
Kent	148	12/01/00	11/30/04	27.86	25,200	701,953	61,417	763,370	43,870	807,240	43,870
Kent	450	12/01/01	11/30/06	20.05	1,628	32,648	4	32,652	0	35,508	2,856
Lacey-hqt	455	03/01/02	01/01/07	17.52	46,455	813,969	3	813,972	0	864,847	50,875
Lacey-hqt	455	03/01/02	01/01/07	17.52	6,210	108,808	(4)	108,804	0	115,604	6,800
Lacey-hqt	455	03/01/02	01/01/07	17.52	6,508	114,039	(3)	114,036	0	121,161	7,125
Long Beach	854	12/31/00	11/30/10	18.96	6,004	113,848	(4)	113,844	0	113,844	0
Lynnwood	643	07/01/99	06/30/09	20.72	610	12,642	6	12,648	0	12,648	0
Lynnwood	643	07/01/99	06/30/09	20.73	28,148	583,477	(1)	583,476	0	583,476	0
Lynnwood	814	02/01/00	01/31/05	22.42	12,867	288,421	18,024	306,445	25,235	331,680	25,235
Marysville	891	08/01/01	07/31/06	12.20	3,016	36,797	(5)	36,792	0	41,852	5,060
Mattawa	853	03/01/02	02/28/07	15.44	1,268	19,577	(5)	19,572	0	20,552	980

**2005-07 Biennium
M2-8L Lease Rate Adjustments**

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes		
Monroe		516	07/01/98	06/30/08	21.02	16,871	354,629	354,624	(5)	354,624	0	354,624	0
Moses Lake		154	08/01/95	07/31/05	13.80	15,184	209,579	209,580	1	238,400	28,820	241,020	31,440
Moses Lake		154	08/01/95	07/31/05	13.83	202	2,794	2,796	2	3,181	385	3,216	420
Mount Vernon		655	01/01/98	11/30/07	15.69	19,064	299,117	299,112	(5)	299,112	0	299,112	0
Mount Vernon		655	01/01/98	11/30/07	15.69	1,581	24,801	24,804	3	24,804	0	24,804	0
Newport		603	09/01/95	08/31/05	16.76	5,194	87,066	87,072	6	97,952	10,880	100,128	13,056
Oak Harbor		566	08/01/01	07/31/06	16.35	7,571	123,775	123,780	5	123,780	0	140,797	17,017
Olympia		470	05/01/02	04/30/07	15.61	27,000	421,440	421,440	0	421,440	0	431,976	10,536
Olympia-hqt		294	06/01/99	05/31/09	18.22	70,000	1,275,252	1,275,252	0	1,275,252	0	1,275,252	0
Olympia-hqt		602	07/01/00	06/30/05	19.00	27,297	518,751	518,748	(3)	518,748	0	596,556	77,808
Omak		385	05/01/01	04/30/06	16.75	12,422	208,120	208,116	(4)	213,318	5,202	239,328	31,212
Omak		385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492
Othello		558	05/01/01	04/30/06	14.18	3,645	51,688	51,684	(4)	52,976	1,292	59,436	7,752
Pasco		175	10/01/98	11/30/04	14.14	17,050	241,004	262,099	21,095	277,164	15,065	277,164	15,065
Pasco		175	10/01/98	11/30/04	14.14	1,807	25,547	27,781	2,234	29,376	1,595	29,376	1,595
Port Angeles		693	09/01/99	08/31/04	20.56	14,567	299,540	336,984	37,444	344,472	7,488	344,472	7,488
Port Angeles		693	09/01/99	08/31/04	20.58	502	10,329	11,622	1,293	11,880	258	11,880	258
Port Townsend		181	10/01/98	03/31/04	17.19	5,248	90,213	103,752	13,539	103,752	0	103,752	0
Port Townsend		864	08/01/02	05/31/06	14.67	6,505	95,398	95,400	2	96,593	1,193	109,716	14,316
Puyallup		183	01/01/98	03/31/05	19.19	18,750	359,790	373,287	13,497	413,760	40,473	413,760	40,473
Renton		722	06/01/99	05/31/09	23.23	18,431	428,152	428,148	(4)	428,148	0	428,148	0
Republic		642	08/01/03	07/31/08	16.31	1,935	31,564	31,560	(4)	31,560	0	31,560	0
Seattle		192	10/01/03	09/30/06	20.23	18,750	379,313	379,308	(5)	379,308	0	421,977	42,669
Seattle		194	05/01/97	04/30/07	18.36	40,530	744,242	744,240	(2)	744,240	0	762,846	18,606
Seattle		195	03/01/03	02/29/08	25.40	16,955	430,657	430,656	(1)	430,656	0	430,656	0
Seattle		201	03/03/03	06/30/04	14.19	2,498	35,440	40,752	5,312	40,752	0	40,752	0
Seattle		202	12/01/98	04/30/14	19.20	2,941	56,459	56,460	1	56,460	0	56,460	0
Seattle		202	12/01/98	04/30/14	19.21	610	11,718	11,724	6	11,724	0	11,724	0
Seattle		202	12/01/98	04/30/14	19.20	17,646	338,753	338,748	(5)	338,748	0	338,748	0
Seattle		202	12/01/98	04/30/14	19.20	1,498	28,762	28,764	2	28,764	0	28,764	0
Seattle		348	08/01/99	07/31/09	17.79	3,320	59,064	63,270	4,206	63,653	382	63,653	382
Seattle		394	12/01/00	11/30/05	26.76	13,672	365,800	365,796	(4)	397,800	32,004	420,660	54,864
Seattle		402	02/01/04	08/31/04	25.06	24,925	624,639	702,716	78,077	718,332	15,616	718,332	15,616
Seattle		403	03/01/02	02/28/07	19.05	66,061	1,258,471	1,258,476	5	1,258,476	0	1,321,400	62,924
Seattle		610	06/01/98	09/30/05	18.18	26,448	480,933	480,936	3	535,044	54,108	553,080	72,144
Shelton		637	09/01/97	09/30/07	17.82	9,920	176,795	176,796	1	176,796	0	176,796	0
South Bend		666	11/01/99	10/31/09	17.14	4,015	68,814	71,626	2,812	73,029	1,403	73,029	1,403
Spokane		326	08/01/99	07/31/04	13.95	31,069	433,413	493,014	59,601	498,432	5,418	498,432	5,418
Spokane		379	07/01/00	06/30/05	14.25	1,468	20,917	20,916	(1)	20,916	0	24,048	3,132
Spokane		443	10/01/01	09/30/06	16.88	35,000	590,697	590,700	3	590,700	0	657,156	66,456
Spokane		468	05/01/03	04/30/08	16.10	28,209	454,165	454,164	(1)	454,164	0	454,164	0
Spokane		654	10/01/03	09/30/08	18.50	3,917	72,463	72,468	5	72,468	0	72,468	0
Spokane		801	09/01/00	08/30/10	16.74	7,965	133,339	133,344	5	145,477	12,133	147,903	14,559
Spokane		801	09/01/00	08/30/10	16.74	31,586	528,758	528,756	(2)	576,886	48,130	586,512	57,756
Spokane		978	10/01/03	09/30/08	8.14	4,365	35,510	35,508	(2)	35,508	0	35,508	0
Stevenson		617	05/01/97	04/30/12	16.16	2,782	44,958	44,964	6	44,964	0	44,964	0
Sunnyside		688	05/01/98	04/30/08	12.69	17,071	216,637	216,636	(1)	216,636	0	216,636	0
Sunnyside		688	05/01/98	04/30/08	12.69	1,195	15,167	15,168	1	15,168	0	15,168	0
Tacoma		233	02/01/87	01/31/13	20.61	27,985	576,683	593,988	17,305	611,808	17,820	611,808	17,820
Tacoma		233	02/01/87	01/31/13	20.61	31,197	642,859	662,148	19,289	682,008	19,860	682,008	19,860
													Lease Step 7/1/04 & 7/1/05
													Lease Step 7/1/04 & 7/1/05

**2005-07 Biennium
M2-8L Lease Rate Adjustments**

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes				
070	Tacoma	233	02/01/87	01/31/13	20.61	3,517	72,479	74,652	2,173	76,896	2,244	76,896	2,244	Lease Step 7/1/04 & 7/1/05	
	Tacoma	532	06/01/93	05/31/13	27.48	44,227	1,215,219	1,215,216	(3)	1,215,216	0	1,215,216	0		
	Tacoma	532	06/01/93	05/31/13	27.48	2,856	78,478	78,480	2	78,480	0	78,480	0		
	Tacoma	532	06/01/93	05/31/13	27.48	19,647	539,833	539,832	(1)	539,832	0	539,832	0		
	Tacoma	562	08/01/02	07/30/12	18.69	30,000	560,700	628,200	67,500	650,700	22,500	650,700	22,500	Lease Step 10/1/04	
	Turnwater	851	01/01/02	12/31/11	20.13	30,109	606,024	606,024	0	606,024	0	626,423	20,399	Lease Step 1/1/07	
	Turnwater	851	01/01/02	12/31/11	20.13	1,123	22,602	22,608	6	22,608	0	23,366	758	Lease Step 1/1/07	
	Turnwater	851	01/01/02	12/31/11	20.13	1,193	24,015	24,012	(3)	24,012	0	24,822	810	Lease Step 1/1/07	
	Vancouver	260	08/01/03	07/31/13	18.69	1,739	32,495	32,496	1	32,496	0	32,496	0	Changed to reflect lease value	
	Vancouver	570	08/01/01	07/31/11	16.98	33,983	577,031	577,032	1	577,032	0	608,183	31,151	Lease Step 8/1/06	
	Vancouver	889	04/01/02	04/30/12	20.94	34,688	726,528	726,528	0	726,528	0	723,910	(2,618)	Lease Adjustment 5/1/07	
	Walla Walla	486	04/01/04	03/31/09	14.59	15,070	219,817	219,816	(1)	219,816	0	219,816	0	Changed to reflect lease value	
	Wapato	523	09/01/03	08/31/08	14.94	16,105	240,605	240,600	(5)	240,600	0	240,600	0	Changed to reflect lease value	
	Wenatchee	277	11/01/03	10/31/08	17.19	15,611	268,347	268,344	(3)	268,344	0	268,344	0		
	Wenatchee	277	11/01/03	10/31/08	17.19	1,703	29,274	29,280	6	29,280	0	29,280	0	Changed to reflect lease value	
	Wenatchee	615	09/01/96	08/31/06	16.12	12,870	207,464	207,468	4	207,468	0	233,398	25,930		
	White Salmon	278	01/01/03	12/31/08	14.03	2,550	35,770	35,772	2	35,772	0	35,772	0		
080	Yakima	282	05/27/99	06/30/19	13.54	15,246	206,392	212,580	6,188	218,952	6,372	225,516	12,936	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	1,782	24,124	24,840	716	25,584	744	26,352	1,512	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	8,712	117,938	121,476	3,538	125,124	3,648	128,880	7,404	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	1,980	26,804	27,612	808	28,440	828	29,292	1,680	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	13,860	187,629	193,260	5,631	199,056	5,796	205,032	11,772	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	19,998	270,722	278,844	8,122	287,208	8,364	295,824	16,980	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Yakima	282	05/27/99	06/30/19	13.54	891	12,062	12,420	358	12,792	372	13,176	756	Lease Step 7/1/04, 7/1/05 & 7/1/06	
	Total				18.71	1,658,504	31,028,927	31,532,977	504,050	32,080,860	547,883	32,832,793	1,299,817		
	Increase/Annual Total					Fastrack:	32,097,784			Rounded:	548,000		Rounded:	1,300,000	
	070	Arlington	848	08/01/00	07/31/10	21.00	896	18,817	18,816	(1)	19,844	1,028	19,937	1,121	Lease Step 8/1/05
		Lacey-hqt	460	03/01/02	02/28/07	16.19	23,926	387,356	387,360	4	387,360	0	406,728	19,368	
		Spokane	839	04/01/00	03/31/05	14.36	773	11,100	11,517	417	12,768	1,251	12,768	1,251	
		Tacoma	532	06/01/93	05/31/13	27.44	260	7,134	7,140	6	7,140	0	7,140	0	
		Yakima	282	05/27/99	06/30/19	13.54	396	5,361	5,520	159	5,688	168	5,856	336	Lease Step 7/1/04, 7/1/05 & 7/1/06
		Total				16.37	26,251	429,768	430,353	585	432,800	2,447	452,429	22,076	
		Increase/Annual Total					Fastrack:	335,762			Rounded:	2,000		Rounded:	22,000
080	Lacey-hqt	892	09/01/01	08/31/06	16.84	20,644	347,583	347,580	(3)	347,580	0	391,030	43,450		
	Monroe	516	07/01/98	06/30/08	21.03	705	14,825	14,820	(5)	14,820	0	14,820	0		
	Mount Vernon	655	01/01/98	11/30/07	15.69	1,437	22,547	22,548	1	22,548	0	22,548	0		
	Olympia-hqt	164	01/01/96	12/31/05	14.51	80,100	1,162,209	1,162,212	3	1,249,380	87,168	1,336,548	174,336		
	Olympia-hqt	515	07/01/02	06/30/07	17.09	25,304	432,445	432,444	(1)	432,444	0	432,444	0		
	Olympia-hqt	600	04/01/02	03/31/07	16.01	33,688	539,345	539,340	(5)	539,340	0	559,566	20,226		
	Olympia-hqt	682	04/01/02	03/31/07	16.01	9,403	150,542	150,540	(2)	150,540	0	156,186	5,646		
	Seattle	904	12/01/01	06/30/11	29.58	17,972	531,612	531,612	0	531,612	0	601,343	69,731	Lease Step 7/1/06	
	Spokane	726	10/01/02	09/30/07	18.50	15,962	295,297	295,296	(1)	295,296	0	295,296	0		
	Tacoma	532	06/01/93	05/31/13	27.49	173	4,756	4,752	(4)	4,752	0	4,752	0		
Turnwater-hqt	701	03/01/99	02/28/09	14.95	37,488	560,446	612,924	52,478	612,924	0	612,924	0			

**2005-07 Biennium
M2-8L Lease Rate Adjustments**

Prog	City	Count #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes
Yakima		282	05/27/99	06/30/19	13.54	198	2,680	2,760	2,844	2,928	
Total					16.72	243,074	4,064,287	4,116,828	4,204,080	4,430,385	168 Lease Step 7/1/04, 7/1/05 & 7/1/06
Increase/Annual Total						Fastrack:	4,615,765		Rounded: 87,000	Rounded: 314,000	
100	Aberdeen	514	01/01/98	03/31/03	14.01	1,126	15,775	15,780	15,780	15,780	0
	Arlington	848	08/01/00	07/31/10	20.99	1,942	40,770	40,776	42,995	43,197	2,421 Lease Step 8/1/05
	Bellevue	632	03/01/96	02/28/06	21.70	2,941	63,823	63,828	66,336	73,404	9,576
	Bellingham	106	07/01/03	06/30/13	18.81	3,527	66,339	66,336	66,336	66,336	0
	Bremerton	678	09/01/99	08/31/04	15.25	6,500	99,125	111,510	113,988	113,988	2,478
	Centralia	689	06/01/03	05/31/08	15.00	2,377	35,651	35,652	35,652	35,652	0
	Clarkston	575	02/01/00	01/31/05	15.20	459	6,979	7,419	8,028	8,028	609
	Colville	685	04/01/03	03/31/08	15.83	1,339	21,196	21,192	21,192	21,192	0
	Ellensburg	122	05/01/01	04/30/06	17.85	401	7,158	7,164	7,344	8,244	1,080
	Everett	127	07/01/02	06/30/10	21.00	6,888	144,661	144,660	160,635	160,635	15,975 Lease Step 7/1/05
	Grandview (West)	627	07/01/97	06/30/07	16.19	104	1,684	1,680	1,680	1,680	0
	Kelso	563	11/01/00	12/31/15	14.93	840	12,541	12,839	13,139	13,139	299 Lease Step 11/1/05
	Kennewick	724	10/01/99	09/30/04	14.64	4,437	64,958	72,264	74,700	74,700	2,436
	Kent	831	06/01/00	05/31/05	30.86	4,676	144,306	146,116	165,960	165,960	19,844
	Lacey	509	10/01/02	09/30/07	16.19	7,070	114,463	114,468	114,468	114,468	0
	Lacey-hqt	455	03/01/02	01/01/07	17.51	239	4,185	4,188	4,188	4,448	260
	Lacey-hqt	455	03/01/02	01/01/07	17.49	299	5,231	5,232	5,232	5,557	325
	Lacey-hqt	460	03/01/02	02/28/07	16.19	9,524	154,190	154,188	154,188	161,896	7,708
	Long Beach	854	12/31/00	11/30/10	18.87	93	1,755	1,752	1,752	1,752	0
	Lynnwood	643	07/01/99	06/30/09	20.73	3,519	72,935	72,936	72,936	72,936	0
	Moses Lake	154	08/01/95	07/31/05	13.80	1,038	14,321	14,316	16,285	16,464	2,148
	Mount Vernon	687	03/01/03	01/31/05	18.72	2,660	49,795	52,915	57,276	57,276	4,361
	Newport	603	09/01/95	08/31/05	16.65	78	1,299	1,296	1,456	1,488	192
	Oak Harbor	566	08/01/01	07/31/06	16.35	472	7,716	7,716	7,716	8,772	1,056
	Port Angeles	838	05/01/00	04/30/05	14.79	1,411	20,869	21,390	24,000	24,000	2,610
	Port Townsend	181	10/01/98	03/31/04	17.19	80	1,375	1,584	1,584	1,584	0
	Port Townsend	864	08/01/02	05/31/06	14.66	887	13,005	13,008	13,171	14,964	1,956
	Pullman	870	07/01/02	06/30/07	15.54	1,521	23,636	23,640	23,640	23,640	0
	Puyallup	554	12/01/99	11/30/04	17.99	3,768	67,794	73,736	77,976	77,976	4,240
	Republic	642	08/01/03	07/31/08	14.89	123	1,832	1,836	1,836	1,836	0
	Seacac	857	04/01/00	03/31/05	0.43	4,622	2,002	2,079	2,304	2,304	225
	Seattle	202	12/01/98	04/30/14	19.20	4,439	85,221	85,224	85,224	85,224	0
	Seattle	482	06/01/00	05/31/05	23.22	5,348	124,200	125,753	142,836	142,836	17,083
	Seattle	763	09/01/98	08/31/03	18.24	6,891	125,683	125,688	125,688	125,688	0
	Seattle	763	09/01/98	08/31/03	18.25	235	4,289	4,284	4,284	4,284	0
	Seattle	915	07/01/03	06/30/08	23.48	919	21,578	21,576	21,576	21,576	0
	Seattle	916	07/01/03	06/30/08	22.19	4,168	92,480	92,484	92,484	92,484	0
	Shelton	637	09/01/97	09/30/07	17.83	535	9,537	9,540	9,540	9,540	0
	Shelton	914	12/01/02	11/30/07	17.19	2,263	38,901	38,904	38,904	38,904	0
	South Bend	666	11/01/99	10/31/09	17.15	301	5,161	5,371	5,477	5,477	106 Lease Step 11/1/04
	Spokane	790	04/01/04	03/31/09	18.40	10,240	188,416	188,412	188,412	188,412	0 Changed to reflect lease value
	Tacoma	187	07/01/00	06/30/05	18.54	2,697	50,002	50,004	57,504	57,504	7,500
	Tacoma	233	02/01/87	01/31/13	20.61	8,258	170,169	175,272	180,528	180,528	5,256 Lease Step 7/1/04 & 7/1/05
	Vancouver	734	08/01/03	07/31/13	18.19	6,486	117,980	117,984	117,984	117,984	0

2005-07 Biennium
M2-8L Lease Rate Adjustments

AW M2-8L Lease Rate Adjustments	City	Cont #	Begin	End	Cost/ SQFT	SQFT	FY04	2005 Total	2006 Total	2007 Total	Comments on Any Changes			
Prog														
	Walla Walla	486	04/01/04	03/31/09	14.59	2,969	43,595	43,596	1	43,596	0	43,596	0	Changed to reflect lease value
	Wapato	523	09/01/03	08/31/08	14.94	2,027	30,288	30,288	(0)	30,288	0	30,288	0	Changed to reflect lease value
	Wenatchee	473	04/01/02	03/31/07	16.64	2,358	39,243	39,240	(3)	39,240	0	40,713	1,473	
	Yakima	282	05/27/99	06/30/19	13.54	4,554	61,650	63,504	1,854	65,412	1,908	67,380	3,876	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Total				17.83	139,669	2,489,762	2,530,621	40,859	2,623,434	92,814	2,845,714	115,093	
	Increase/Annual Total					Fastrack:	2,571,278			Rounded:	93,000		115,000	
	Bellingham	106	07/01/03	06/30/13	18.82	235	4,423	4,428	5	4,428	0	4,428	0	
	Everett	127	07/01/02	06/30/10	21.01	1,561	32,790	32,796	6	36,411	3,615	36,411	3,615	Lease Step 7/1/05
	Kelso	563	11/01/00	12/31/15	14.93	280	4,180	4,278	98	4,380	102	4,380	102	Lease Step 1/1/05
	Kennewick	548	12/01/03	11/30/08	8.82	208	1,835	1,836	1	1,836	0	1,836	0	
	Lacey-hqt	460	03/01/02	02/28/07	16.19	638	102,612	102,612	(3)	102,612	0	107,744	5,132	
	Lacey-hqt	460	03/01/02	02/28/07	16.21	232	3,761	3,756	(5)	3,756	0	3,944	188	
	Lacey-hqt	759	04/01/99	03/31/09	18.24	54,788	999,333	999,336	3	999,336	0	999,336	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lacey-hqt	760	05/01/99	04/30/09	18.24	27,394	499,667	499,668	1	499,668	0	499,668	0	
	Lakewood	852	08/01/00	07/31/05	16.19	3,863	62,542	62,544	2	71,146	8,602	71,928	9,384	
	Mount Vernon	655	01/01/98	11/30/07	15.66	144	2,255	2,256	1	2,256	0	2,256	0	
	Olympia-hqt	459	01/01/01	12/31/05	14.86	4,192	62,293	62,292	(1)	66,966	4,674	71,640	9,348	
	Omak	385	05/01/01	04/30/06	16.79	194	3,257	3,252	(5)	3,334	82	3,744	492	
	Pasco	175	10/01/98	11/30/04	14.10	131	1,847	2,009	162	2,124	115	2,124	115	
	Seattle	202	12/01/98	04/30/14	19.19	666	12,783	12,780	(3)	12,780	0	12,780	0	
	Seattle	409	12/01/03	11/30/06	17.53	2,400	42,080	42,084	4	42,084	0	45,766	3,682	
	Shelton	637	09/01/97	09/30/07	17.83	144	2,568	2,568	0	2,568	0	2,568	0	
	Spokane	379	07/01/00	06/30/05	14.25	2,678	38,160	38,160	0	43,884	5,724	43,884	5,724	
	Spokane	833	02/01/00	01/31/05	16.50	680	11,220	11,920	700	12,900	980	12,900	980	
	Spokane	887	05/01/01	04/30/06	16.00	2,510	40,160	40,164	4	41,168	1,004	46,188	6,024	
	Sunnyside	688	05/01/98	04/30/08	12.64	100	1,264	1,260	(4)	1,260	0	1,260	0	
	Tacoma	228	10/01/00	09/30/05	12.24	12,760	156,182	156,180	(2)	173,748	17,568	179,604	23,424	
	Tacoma	532	06/01/93	05/31/13	27.46	433	11,891	11,892	1	11,892	0	11,892	0	
	Tacoma	532	06/01/93	05/31/13	27.48	1,731	47,562	47,568	6	47,568	0	47,568	0	
	Tumwater	347	06/01/03	05/31/08	5.03	60,000	301,608	301,608	0	301,608	0	301,608	0	
	Wapato	523	09/01/03	08/31/08	14.94	205	3,063	3,060	(3)	3,060	0	3,060	0	
	Wapato	523	09/01/03	08/31/08	12.39	114	1,413	1,416	3	1,416	0	1,416	0	
	Yakima	282	05/27/99	06/30/19	13.54	594	8,041	8,280	239	8,532	252	8,784	504	Lease Step 7/1/04, 7/1/05 & 7/1/06
	Yakima	816	07/01/00	06/30/05	18.69	2,050	38,315	38,316	1	44,064	5,748	44,064	5,748	
	Total				14.00	214,019	2,996,775	2,997,987	1,212	3,046,452	48,465	3,072,448	74,461	
	Increase/Annual Total					Fastrack	2,997,014			Rounded:	49,000		74,000	
	DSHS Total			345.00	18.09	3,551,112	64,229,617	65,164,515	934,897	66,478,482	1,313,967	67,859,200	2,694,685	
	Increase/Annual Total			349.96	18.35	3,551,112	65,164,515			Rounded:	1,314,000		2,695,000	
				0.00	-	3,551,112	0							
				#DIV/0!	-	3,551,112	0							
						Fastrack:	65,034,338					68,618,301		
												Bow Wave @ 61% State		Bow Wave @ 61% State

Department of Social and Health Services

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is requesting funding to upgrade the Wide Area Network (WAN) infrastructure.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	8,000	5,000	13,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	8,000	6,000	14,000
Total Cost	16,000	11,000	27,000

Staffing

Package Description:

DSHS is requesting upgrades to the WAN core infrastructure to accommodate increased growth of network traffic. This increase in traffic is being created by additional applications using the WAN to provide direct client services.

Many of these heavy network demands are related to the availability and distribution of new Web centric technology. As these new or updated applications are implemented, available bandwidth on the network has become saturated and performance has degraded. Delays and bottlenecks occur, resulting in increased processing time for client services and longer outages. This item replaces equipment and bandwidth that was designed and/or implemented approximately nine years ago. Most of the affected equipment has a projected industry life cycle of three years.

The network structure originating from 250 DSHS offices to the core shared bandwidth is currently oversubscribed by an average ratio of 6:1. This oversubscription is causing major delays, hours of troubleshooting and lost productivity. Newer high speed bandwidth options will help reduce the oversubscription more efficiently than using a "band aid" approach with older technology.

This upgrade will give DSHS the capability to serve clients and constituents in a more efficient manner. Replacing this equipment now will avoid outages and costly repairs due to outdated equipment. Additionally, from a resource perspective, it will become more cumbersome and expensive to add to our outdated network as compared to available newer offerings.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Agency Strategic Plan Goal C: Improve accessibility and service integration.

Agency Strategic Plan Goal D: Improve customer services.

This infrastructure upgrade will allow DSHS to cost effectively implement the required core shared infrastructure and bandwidth to support the direction from both the Governor's Office to streamline government through the use of technology and the Washington State Digital plan.

This infrastructure upgrade supports the DSHS program areas and allows the Information System Services Division (ISSD) to meet the core values of its strategic plan as follows:

Department of Social and Health Services

DP Code/Title: M2-FD Wide Area Network (WAN) Usage
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

- Ensures ISSD information technology direction is aligned with the department's overall plan,
- Allows delivery of efficient and cost effective information technology solutions that will allow DSHS staff to effectively deliver services to clients,
- Improves network capacity while ensuring accurate communications of information, and
- Upgrades the network infrastructure to keep pace with new and rapidly changing applications.

Performance Measure Detail

Agency Level

Activity: G098 Support Services for Clients Receiving Drug and Alcohol Treatment

Incremental Changes

FY 1

FY 2

No measures linked to package

0.00

0.00

Reason for change:

Technology has changed and the demand for more networking capacity has increased as DSHS program areas are using new tools to improve and deliver client services more efficiently. The infrastructure currently in place has been used for at least nine years and is not current with newer technology capabilities requirements. There is a high risk of increased and longer duration outages.

Upgrading the infrastructure will allow DSHS to cost effectively increase WAN capacity to meet the emerging business requirements of the agency. More importantly, this upgrade will give DSHS the flexibility and growth driven by new technology and business requirements to meet the agency's business goals.

This infrastructure upgrade also allows DSHS program areas to implement new applications and upgrade older Legacy systems such as but not limited to:

- Customer call centers for faster and more efficient customer service,
- Interactive Voice Response systems so clients can get their client and eligibility information 24-hours a day using their telephone,
- Interactive and static Internet Web pages that provide 24-hour service and save clients from traveling to a Community Service Office (CSO),
- Video services for client interviews at DSHS CSO outstations that do not have the staff to perform these functions at their small facilities,
- Digital sharing and storing of documents, reducing time and costs associated with paper documents, and
- Upgrade legacy batch and mainframe screen systems to Web centric solutions.

Impact on clients and services:

Upgrading the WAN infrastructure will allow all program areas within DSHS to implement applications that improve service delivery to clients. All program areas within DSHS are currently either working on initiatives and/or plans that will improve service delivery to customers that use newer technology. Examples of these initiatives within DSHS that demand additional WAN capacity are:

Economic Service Administration (ESA)

Customer Call Centers that will use the DSHS WAN for both voice and video to allow clients access to their information and a caseworker from their telephone and to receive services without traveling to a DSHS office.

ESA, Division of Child Support (DCS), Social Services Payment System (SSPS)

Interactive Voice Response systems (IVR) that connect the client to their information using their telephone without staff intervention. This allows 24-hour access to client information.

Department of Social and Health Services

DP Code/Title: M2-FD Wide Area Network (WAN) Usage

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Children's Administration, Division of Developmental Disabilities, ESA/DCS, Financial Services Administration
Interactive and static Web pages that allow clients and providers to conduct business with DSHS and receive information on services available and how to receive those services.

Office of Deaf & Hard of Hearing, ESA/DCS

Implement video conferencing to deliver client services, reduces the need for translators in the field for clients and reduces the need to staff small outstations with additional staff.

Impact on other state programs:

This upgrade will assist all program areas within DSHS to implement their initiatives using a shared network which is the most cost effective method to deliver these diverse client services. This infrastructure upgrade allows ISSD to support the network with current staff and does not require additional staff in the program areas. Additionally, this upgrade will allow DSHS additional room for growth.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The two available options are: 1) To continue with the current infrastructure, and 2) Implement the upgrade. If DSHS continues with the current infrastructure, it will be unable to meet the agency's business requirements as more demands and requirements are expected of the network.

If the network infrastructure is upgraded, the current network platform would be combined with newer technology provided through the Department of Information Services (DIS). This would leverage current investment and allow use of an installed Frame Relay network consolidating the network hubs together with network offerings including fiber optics, Asynchronous Transfer Mode (ATM), and Digital Subscriber Lines (DSL). In this manner, our shared bandwidth would be consolidated into a more cost effective, expandable resource for all program areas statewide within DSHS. This option allows DSHS to scale the network to fit current demands and allows for cost effective growth as required.

Budget impacts in future biennia:

Increased costs for WAN will continue into future biennia.

Distinction between one-time and ongoing costs:

This request is for one-time costs of \$2,155,000 and ongoing costs of \$2,135,000 for implementing new equipment, circuits, and high speed network offerings. The result of installing this upgrade will allow DSHS to manage and maintain a robust network that can support varied and complex applications instead of the current aging infrastructure

Effects of non-funding:

The effects of non-funding will affect all program areas and their clients within DSHS and the state of Washington. Many new applications are being implemented that degrade the existing infrastructure. Increased use of staff resources for trouble shooting, slow response times and application timeouts are common due to the non-performance of the current network platform.

Department of Social and Health Services

DP Code/Title: M2-FD Wide Area Network (WAN) Usage

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Additionally, client services and staff support will be negatively impacted if the upgrade is not deployed. Activities such as determining a client's eligibility, insuring the safety of a child, collecting child support and making timely payments to DSHS contracted providers could be delayed or not successfully completed as required by law, resulting in possible litigation and/or loss of funding.

Expenditure Calculations and Assumptions:

See attachment - AW M2-FD Wide Area Network (WAN) Usage.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
T Intra-Agency Reimbursements	16,000	11,000	27,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	8,000	5,000	13,000
<i>Total for Fund 001-1</i>	<u>8,000</u>	<u>5,000</u>	<u>13,000</u>
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	8,000	6,000	14,000
<i>Total for Fund 001-C</i>	<u>8,000</u>	<u>6,000</u>	<u>14,000</u>
Total Overall Funding	<u>16,000</u>	<u>11,000</u>	<u>27,000</u>

**2005-07 Biennium
ML-FD Wide Area Network (WAN) Usage**

	Device Count	Percent	Distribution	Rounded (to \$1000)
Fiscal Year 2006				
010 Children and Family Services	3,697	16.02%	\$ 527,113	\$ 527,000
020 Juvenile Rehabilitation	798	3.46%	113,778	114,000
030 Mental Health	1,174	5.09%	167,387	167,000
030 MHD SCC	289	1.25%	41,205	41,000
040 Developmental Disabilities	1,705	7.39%	243,096	243,000
050 Aging and Adult Services	2,255	9.77%	321,515	322,000
060 Economic Services	10,184	44.13%	1,452,020	1,453,000
070 Alcohol and Substance Abuse	114	0.49%	16,254	16,000
080 Medical Assistance	1,005	4.36%	143,291	143,000
100 Vocational Rehabilitation	858	3.72%	122,332	122,000
110 Administration and Supporting Services	996	4.32%	142,008	142,000
Total	23,075	100.00%	\$ 3,290,000	\$ 3,290,000
Fiscal Year 2007				
010 Children and Family Services	3697	16.02%	\$ 342,063	\$ 342,000
020 Juvenile Rehabilitation	798	3.46%	\$ 73,834	74,000
030 Mental Health	1174	5.09%	\$ 108,624	109,000
030 MHD SCC	289	1.25%	\$ 26,740	27,000
040 Developmental Disabilities	1705	7.39%	\$ 157,754	158,000
050 Aging and Adult Services	2255	9.77%	\$ 208,642	209,000
060 Economic Services	10184	44.13%	\$ 942,268	941,000
070 Alcohol and Substance Abuse	114	0.49%	\$ 10,548	11,000
080 Medical Assistance	1005	4.36%	\$ 92,987	93,000
100 Vocational Rehabilitation	858	3.72%	\$ 79,386	79,000
110 Administration and Supporting Services	996	4.32%	\$ 92,154	92,000
Total	23075	100.00%	\$ 2,135,000	\$ 2,135,000

2005-07 Biennium M2-FD Wide Area Network (WAN) Usage

	One Time Costs	Recurring Year 1	Recurring Year 2	Recurring/ On going
Wide Area Network Equipment (WAN)				
Routers (approximately 80)	\$700,000	\$10,000	\$10,000	\$10,000
Switches (approximately 50)	\$300,000	\$10,000	\$10,000	\$10,000
WAN Circuit upgrades				
Additional circuits (Permanent Virtual Circuits)	\$125,000	\$75,000	\$75,000	\$75,000
Increased network capacity	\$400,000	\$1,000,000	\$2,000,000	\$2,000,000
Core Equipment upgrade & management tools				
Routers, Switches, Uninterrupted Power Supplies, misc. items as needed	\$450,000	\$10,000	\$10,000	\$10,000
Metropolitan Area Network (MAN)				
Upgrade & expand high speed services	\$180,000	\$30,000	\$30,000	\$30,000
Totals:	\$2,155,000	\$1,135,000	\$2,135,000	\$2,135,000

\$2.155 million ~ One Time Costs

\$1.135 million ~ Recurring Costs ~ Year 1

\$2.135 million ~ Recurring Costs ~ Year 2

WAN: References remote sites within DSHS ie: Spokane CSO, Everett DCFS, etc.

MAN: References Lacey, Olympia, Tumwater Headquarters ie: Lacey Government Center, MAA, etc.

Core: References OB2 network equipment providing WAN & MAN termination points

Circuits/Bandwidth: Provided by DIS, Qwest, Comcast, & 3rd party vendors which allows data communication statewide.

AW M2-FD Wide Area Network (WAN) Usage.xls

Department of Social and Health Services

DP Code/Title: M2-GP Criminal Justice Treatment Account

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests a technical correction to the Carry Forward Level for meeting the Fiscal Year 2006 and Fiscal Year 2007 statutory provisions dictating the use of judicially supervised substance abuse treatment in lieu of incarceration, for offenders filed upon by local prosecutors, via a transfer of funds from the Criminal Justice Treatment Account (CJTA) to the Division of Alcohol and Substance Abuse (DASA) as mandated under Revised Code of Washington (RCW) 70.96A.350.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	3,775,000	3,775,000	7,550,000
Total Cost	3,775,000	3,775,000	7,550,000

Staffing

Package Description:

As the financial and societal costs of incarcerating drug offenders have risen, there has been a growing awareness of the effectiveness of drug treatment in reducing recidivism and saving money. In 2002, with the passage of 2SHB 2338 (Chapter 290, Laws of 2002), the Washington State Legislature established policies designed to, "increase the use of effective substance abuse treatment for defendants and offenders in Washington in order to make frugal use of state and local resources, thus reducing recidivism and increasing the likelihood that defendants and offenders will become productive and law-abiding persons."

The provisions of 2SHB 2338 focus on two major shifts in policy: 1) reduce the sentence lengths of many statutory drug offenders (the seriousness level and scoring changes were effective for offenses committed on or after July 1, 2002, while the drug offense sentencing grid was to be effective on July 1, 2004) in order to save prison beds, and 2) use the estimated savings to provide substance abuse treatment services (effective on July 1, 2003) for both offenders incarcerated in the Department of Corrections' (DOC) facilities (25 percent of the savings) and defendants filed upon by local prosecutors (75 percent of the savings).

Under Section four of the bill (codified as RCW 70.96A.350), the money for treating DOC offenders is to be transferred each biennium from the general fund into the Violence Reduction and Drug Enforcement (VRDE) account, in eight equal quarterly payments, and is to be administered by DOC. The money for treating defendants filed upon by local prosecutors (limited to \$8,250,000 per fiscal year) is to be transferred each biennium from the general fund into the CJTA, in eight equal quarterly payments and is to be administered to the counties by DASA. After the first fiscal year in which the amount to be transferred equals or exceeds the \$8,250,000 limit, the limit is to be increased on an annual basis by the Implicit Price Deflator as published by the Bureau of Labor Statistics (BLS).

The following year, before the treatment provisions of 2SHB 2338 became effective, the Washington State Legislature passed ESSB 5990 (Chapter 379, Laws of 2003). Section 11 of ESSB 5990 amends RCW 79.96A.350 by removing both the mandate to develop a methodology to estimate the savings under 2SHB 2338 and the provisions guiding the application of that methodology, and replacing them with specific dollar amounts to be transferred to the VRDE account and the CJTA. Additionally, Sections nine and 10 of ESSB 5990 move the effective date of the drug offense sentencing grid from July 1, 2004, to July 1, 2003.

Under the amendments to RCW 70.96A.350 in ESSB 5990:

For the fiscal biennium beginning July 1, 2003, the state treasurer shall transfer eight million nine hundred fifty thousand dollars from the general fund into the criminal justice treatment account, divided into eight equal quarterly payments. For the

Department of Social and Health Services

DP Code/Title: M2-GP Criminal Justice Treatment Account

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

fiscal year beginning July 1, 2005, and subsequent fiscal year, the state treasurer shall transfer eight million two hundred fifty thousand dollars from the general fund to the criminal justice treatment account, divided into four equal quarterly payments. For the fiscal year beginning July 1, 2006, and each subsequent fiscal year, the amount transferred shall be increased on an annual basis by the implicit price deflator as published by the federal BLS.

Additionally, for the fiscal biennium beginning July 1, 2003, and each biennium thereafter, the state treasurer shall transfer two million nine hundred eight-four thousand dollars from the general fund in the VRDE account, divided into eight quarterly payments.

For the purposes of DASA and this decision package, this means that the amount of money in the CJTA will nearly double, from \$8,950,000 in the current biennium to \$16,500,00+ in the next biennium (\$8,250,000 in Fiscal Year 2006 and \$8,250,000 plus an increase based on the Implicit Price Deflator in Fiscal Year 2007). However, the manner in which this money is administered and the services for which it may be used remain the same. Incidentally, the dollar amounts specified in ESSB 5990 and codified in RCW 70.96A.350 are based on the estimated savings published in the fiscal note for 2SHB 2338 and the first biennial calculation (mandated under 2SHB 2338 and completed before its removal from RCW 70.96A.350 by ESSB 5990).

These funds will be used by DASA for substance abuse treatment services for offenders filed upon by local prosecutors. Under RCW 70.96A.350(1), funds from the CJTA are to be used solely for:

- Substance abuse treatment and treatment support services for offenders,
- With an addiction or a substance abuse problem that, if not treated would result in addiction,
- Against whom charges are filed by a prosecuting attorney in Washington State, and
- The provision of drug and alcohol treatment services and treatment support services for nonviolent offenders within a drug court program.

Additionally, under RCW 70.96A.350(5) and (6), respectively:

- Beginning July 1, 2004, DASA may retain up to 3 percent of CJTA funds for administrative costs, and
- No more than 10 percent of the CJTA funds may be used for treatment support services (transportation and child care) - At least 90 percent must be used for providing substance abuse treatment.

DASA intends to implement services as follows:

- DASA will contract with counties in order to provide services to offenders, the contracts will be based on plans submitted by the counties, and
- Between July 1, 2004 and June 30, 2005, DASA will hire two staff to serve as program manager and fiscal/contract manager of services provided to offenders under the CJTA.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package will support the following Department of Social and Health Services (DSHS) Strategies Goals Associated with Priorities of Government (POG):

Goal A: Improve Client Health and Safety:

POG Priority:

Improve safety of people and property. Promote public safety and reduce substance abuse and re-arrest among nonviolent, chemically dependent offenders by integrating alcohol/drug treatment services with judicial system case processing, monitoring, supervision, mandatory drug testing, sanctions, and other administrative services.

This proposal also meets the DSHS/DASA 2006-2011 Strategic plan, Goal number three, designed to improve public safety.

Department of Social and Health Services

DP Code/Title: M2-GP Criminal Justice Treatment Account

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

This goal reads as follows:

Goal number three - Assure public safety and help build strong, healthy communities.

Objectives:

- Be a good neighbor, concerned about the health and safety of communities across the state, and
- Have protections and safeguards in place to protect the public from dangerous behaviors.

Strategies:

- Continuing Implementation of Drug Sentencing Reform, continue to work with local authorities in implementing of judicially supervised substance abuse treatment in lieu of incarceration, and work with county alcohol and drug coordinators and treatment providers to improve criminal justice-related treatment data,
- Supporting Drug Courts, promote public safety and reduce substance abuse and re-arrest among nonviolent, chemically dependent offenders by integrating alcohol/drug treatment services with judicial system case processing, monitoring, supervision, mandatory drug testing, sanctions, and other administrative services.

Performance Measure Detail

Agency Level

Activity: G015 Community Based Drug and Alcohol Treatment Services

Incremental Changes
FY 1

FY 2

No measures linked to package

0.00

0.00

Reason for change:

This decision package is designed continue implementing the legislative mandate of providing substance abuse treatment to offenders in lieu of incarceration.

Impact on clients and services:

The additional \$3,775,000 per fiscal year will be to serve offenders who are not currently receiving treatment services, but are in need of these services. The stakeholders affected by this decision package will be:

- County alcohol and drug treatment services,
- Superior Courts, and
- Prisons.

Impact on other state programs:

As specified in ESSB 5990, this decision package would result in transferring funds each fiscal year from DOC to DASA via the CJTA.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

Alternatives were not explored due to the fact the Washington State Legislature directed DASA to develop treatment services for non-violent clients.

Department of Social and Health Services

DP Code/Title: M2-GP Criminal Justice Treatment Account

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Budget impacts in future biennia:

Costs will carry forward at current level, unless increased funding is received.

Distinction between one-time and ongoing costs:

All costs are ongoing.

Effects of non-funding:

Not funding this decision package would be contrary to the instruction issues by the Washington State Legislature.

Expenditure Calculations and Assumptions:

<u>Object Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding				
N	Grants, Benefits & Client Services	3,775,000	3,775,000	7,550,000
<u>DSHS Source Code Detail</u>				
Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	3,775,000	3,775,000	7,550,000
Total for Fund 001-1		3,775,000	3,775,000	7,550,000
Total Overall Funding		3,775,000	3,775,000	7,550,000

Recommendation Summary

Budget Period: 2005-07

Version: 11 - 2005-07 Agency Request Budget

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 070 - Div of Alc/Substance Abuse					
PL - Performance Level					
9T Transfers	0	(0.5)	(26)	(6)	(32)
GA Expanding Preventative Medical Svcs	0	3.0	58,512	25,900	84,412
GB Residential Rate Study	0	0.0	7,349	169	7,518
GD CSCI - CDPs in State Hospitals	0	0.0	550	0	550
GE CSCI - Secure Detox	0	0.0	5,033	0	5,033
GG Mentoring Program / with ESA	0	0.0	496	0	496
GJ Native American Encounter Rate	0	0.0	3,890	0	3,890
GL CSCI - Cross Sys Crisis Initiative	0	0.0	17,013	0	17,013
GM CSCI - CD Intensive Case Management	0	0.0	792	0	792
GN Mentoring Program	0	1.0	581	119	700
GQ Youth Level III	0	0.0	2,458	864	3,322
PA Electronic Intrusion Prevention	0	0.0	10	0	10
	SubTotal PL	3.5	96,658	27,046	123,704
Total Proposed PL Only Budget for Program		3.5	96,658	27,046	123,704
070 - Div of Alc/Substance Abuse					

Department of Social and Health Services

DP Code/Title: PL-9T Transfers

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package transfers funding and Full-Time Equivalents (FTEs) to centralize the funding for certain functions currently split among the Department of Social and Health Services (DSHS) Administrations.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(13,000)	(13,000)	(26,000)
001-C General Fund - Basic Account-DSHS Medicaid Federa	(3,000)	(3,000)	(6,000)
Total Cost	(16,000)	(16,000)	(32,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	(0.5)	(0.5)	(0.5)

Package Description:

This decision package transfers staff between various programs within DSHS and Program 110. These transfers are for the Social Services Payment System (SSPS) Improvement Project, staff for the Travel Voucher System (TVS) Centralization, Building and Mail Services from Woodland Square, and Background Check funding.

1. Social Service Payment System

This decision package will stabilize the funding for staff used to maintain and enhance SSPS by transferring the funding for the 9.0 positions needed to maintain Invoice Express, Direct Deposit, Computer Output to Laser Disk (COLD) (thousands of reports on the web instead of on paper) and subsequent enhancements.

These positions are currently maintaining the 1999 through year 2000 enhancements that saved over one million dollars in their first year of implementation, which continues to enable Aging and Disability Services Administration (ADSA), the Economic Services Administration (ESA), and Children's Administration (CA) to avoid payment of nearly two million dollars of additional processing cost each subsequent year.

Currently, the administrations are returning up to one-half of each year's savings to pay for the 9.0 FTEs. These costs are charged to the administrations after-the-fact and administrations are unable to plan for the expenditures.

2. Travel Voucher System

DSHS Cabinet approved the centralization of travel processing and the utilization of the Office of Financial Management's statewide TVS. A transfer of 3.0 FTEs from the DSHS programs to Financial Services Administration (FSA) is necessary to implement TVS for all DSHS programs.

FSA is considered the agency subject matter expert in the application of travel regulations and in the development of travel policy. During 2003 an analysis was conducted on existing travel processes and to determine how the department performed decentralized travel processing. The department performed a cost/benefit analysis that assumed: 1) Centralized travel processing within the FSA, and 2) Implementation of OFM's Statewide TVS. That analysis indicated the department could increase the efficiency and consistency of business service delivery and maintain or improve existing levels of accountability. Based on that analysis the DSHS Cabinet approved the centralization of travel processing transfer to FSA and the implementation of OFM's statewide TVS for all DSHS programs.

In Fiscal Year 2004, DSHS Cabinet approved the centralization of travel processing and the agencywide utilization of the

Department of Social and Health Services

DP Code/Title: PL-9T Transfers

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

OFMs statewide TVS. The goals are to 1) increase the efficiency and consistency of business service delivery, and 2) maintain or improve existing levels of accountability. To support centralized travel processing, a transfer of 3.0 FTEs from the DSHS programs to FSA is requested for one Financial Analyst 3 (Travel Administrator) and two Fiscal Technicians to process agency travel statewide.

The travel administrator will coordinate travel policy, provide ongoing travel training, and assume travel administrator responsibilities. The fiscal technicians will process agency travel, ensuring consistency in the application of travel regulations. Utilization of TVS will ensure more efficient and timely processing of travel payments.

The utilization of TVS will improve service delivery over the existing manual process as follows:

Average processing time (in minutes) with manual process: 28.0. Average processing time (in minutes) with TVS: 5.32. Time savings (in minutes): 22.68.

3. Building and Mail Management

Transferring the budget and FTEs will more efficiently and consistently fund the mail and facility management functions at Blake Office Park and Woodland Square. Funding is transferred from the benefitting programs to the Lands and Buildings Division (L&Bs) and the Management Services Fiscal Office (MSFO).

For a number of years, the L&B and the MSFO have provided building management and mail services to the tenants of the Blake Office Park and Woodland Square in Lacey. Each tenant division paid its share of the staff costs associated with providing these services. Occupancy of those facilities has been very stable during this time. However, certain factors are now poised to disrupt the smooth flow funding for these services.

A number of moves are scheduled, which will require new shares to be calculated and agreed to. More importantly, the department has recently implemented a policy, prompted by federal audit concerns, that requires staff funded by a number of other entities to complete time sheets each month. This process would then require cumbersome accounting corrections each month by journal voucher. To avoid these inefficiencies, the client divisions have agreed to transfer funding for these essential services to the Administration and Supporting Services program.

4. Transfer the M2-RA Criminal background checks funding from Program 110 to Long-Term Care (LTC). The approved methodology for accounting for background check costs requires the funding be attached to the programs requesting the background checks. The increase in background checks workload is primarily within LTC.

1-4. These transfers will rectify any possibility of a federal audit disallowance due to direct charging staff to programs without a proper cost allocation methodology.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package contributes to the agency strategic plan by assisting FSA in improving processes that promote the efficient, effective, and prudent use of state resources.

1. The SSPS centralization contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

2. The use of TVS is considered a statewide "best practice". Travel centralization supports the agency balanced scorecard by promoting integrated service delivery.

Department of Social and Health Services

DP Code/Title: PL-9T Transfers

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

3. One of the program's goals as stated in the strategic plan is to, "maintain collaborative relationships with our customers and partners based on service, mutual respect, open communications and accessibility." Another is to, "continuously enhance and improve business processes." Both of these have been honored in the collaborative process used to problem solve with the customer divisions.

4. The background checks accounting methodology contributes to the Statewide Results number 11 "improve the ability of state government to achieve its results efficiently and effectively."

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Reason for change:

1. Centralizing the functions will improve the efficiency of accounting and provide a single source contact in comparison to multiple sources of contact.

2. Service delivery for all DSHS employees, board/commission members, and volunteers will be improved by centralizing the travel process, particularly through use of TVS.

3. The purpose of this transfer is to ensure the uninterrupted flow of mail and building management services to customer divisions and the equally smooth flow of funding to support such services.

4. This transfer is the result of the decision to keep the background checks funding in the administrations.

Impact on clients and services:

This centralization is for efficiency and should not impact any services.

Impact on other state programs:

All DSHS Administrations are impacted only to the extent the funding is being transferred. The functions themselves should not be impacted.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The alternative is to continue the current methodology of accounting for the functions. Centralizing improves efficiency and has no cost impact.

1. The positions are currently funded after-the-fact. This package will permanently transfer the dollars in order to stabilize the revenues and expenditures of the affected administrations.

2. Utilize TVS, but maintain decentralized fiscal processing offices. The infrastructure that has been developed for travel

Department of Social and Health Services

DP Code/Title: PL-9T Transfers

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

centralization has reduced the administrative burden created by the department's more restrictive travel policies. This will improve efficiency regardless of whether travel centralization occurs. However, travel processing errors will continue since adequate training, particularly on travel regulations, is not available. Inconsistency in the application of travel regulations, particularly when more restrictive travel rules are applied in a program, results in travelers being treated differently under like travel circumstances, which is prohibited by statewide travel regulations. The alternative is inconsistent with the integration of service delivery as defined by the Regional Business Services initiative, and has not been adopted by the DSHS Cabinet.

3. As tenants in the Lacey facilities change, new funding agreements would have to be negotiated and put in place. In addition, extremely inefficient time tracking, through the use of time sheets, would have to be instituted to satisfy potential federal audit challenges and to be in compliance with new departmental policy.

4. The alternative, leaving part of the funding in Program 110, does not match the agreed upon methodology of keeping the background check funding the administrations.

Budget impacts in future biennia:

This is a no cost decision package. The costs will be the same as in the current budget.

Distinction between one-time and ongoing costs:

This is a no cost decision package.

Effects of non-funding:

This decision package is not a request for funding. Not centralizing the functions will result in continued inefficiencies in accounting for the costs. The functions themselves will continue as currently maintained.

Expenditure Calculations and Assumptions:

See attachment - AW PL-9T Transfers.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	(13,000)	(13,000)	(26,000)
B Employee Benefits	(3,000)	(3,000)	(6,000)
Total Objects	(16,000)	(16,000)	(32,000)

Department of Social and Health Services

DP Code/Title: PL-9T Transfers

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(13,000)	(13,000)	(26,000)
<i>Total for Fund 001-1</i>	<u>(13,000)</u>	<u>(13,000)</u>	<u>(26,000)</u>
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	(3,000)	(3,000)	(6,000)
<i>Total for Fund 001-C</i>	<u>(3,000)</u>	<u>(3,000)</u>	<u>(6,000)</u>
Total Overall Funding	<u>(16,000)</u>	<u>(16,000)</u>	<u>(32,000)</u>

PL-9T Transfer Steps to Program 110 05/07 Budget

ASD- SSPS Improvement Project Program Transfer

		Program 110 5000-ASO-K002				Program 010 9000-J50-A033				Program 010 9000-J50-A012				Program 010 9000-J50-A009				Program 040 1000-H57-D036				Program 050 9000-J70-E051				Program 060 9000-M01-F078			
FTEs		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN		SFY06	SFY07	BIEN	
		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0	0.0	
A		529,000		1,058,000		(10,000)	(10,000)	(20,000)		(57,000)	(57,000)	(114,000)		(49,000)	(49,000)	(98,000)		(74,000)	(74,000)	(148,000)		(122,000)	(122,000)	(244,000)		(217,000)	(217,000)	(434,000)	
B		115,000		230,000		(2,000)	(2,000)	(4,000)		(12,000)	(12,000)	(24,000)		(11,000)	(11,000)	(22,000)		(16,000)	(16,000)	(32,000)		(26,000)	(26,000)	(52,000)		(48,000)	(48,000)	(96,000)	
E		0		0		(1,000)	(1,000)	(2,000)		(5,000)	(5,000)	(10,000)		(4,000)	(4,000)	(8,000)		(6,000)	(6,000)	(12,000)		(10,000)	(10,000)	(20,000)		(19,000)	(19,000)	(38,000)	
EA		41,000		82,000		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
EN		4,000		8,000		0	0	0		0	0	0		0	0	0		(1,000)	(1,000)	(2,000)		(1,000)	(1,000)	(2,000)		(2,000)	(2,000)	(4,000)	
G		5,000		10,000		(1,000)	(1,000)	(2,000)		0	0	0		0	0	0		(5,000)	(5,000)	(10,000)		(8,000)	(8,000)	(16,000)		(14,000)	(14,000)	(28,000)	
J		27,000		54,000		0	0	0		0	0	0		0	0	0		(1,000)	(1,000)	(2,000)		(2,000)	(2,000)	(4,000)		(4,000)	(4,000)	(8,000)	
TZ		9,000		18,000		0	0	0		(1,000)	(1,000)	(2,000)		(1,000)	(1,000)	(2,000)		(103,000)	(98,000)	(201,000)		(169,000)	(161,000)	(330,000)		(304,000)	(290,000)	(594,000)	
Total		730,000		1,433,000		(14,000)	(14,000)	(28,000)		(75,000)	(75,000)	(150,000)		(65,000)	(65,000)	(130,000)		(51,000)	(49,000)	(100,000)		(84,000)	(80,000)	(164,000)		(166,000)	(158,000)	(324,000)	
001-1	0011	409,000		804,000		(10,000)	(10,000)	(20,000)		(53,000)	(53,000)	(106,000)		(45,000)	(45,000)	(90,000)		0	0	0		0	0	0		0	0	0	
001-2	001B	0		0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
001-2	566B	2,000		4,000		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		(2,000)	(2,000)	(4,000)	
001-2	E61L	41,000		80,000		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		(41,000)	(39,000)	(80,000)	
001-A	563L	0		0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
001-A	658L	35,000		70,000		(3,000)	(3,000)	(6,000)		(17,000)	(17,000)	(34,000)		(15,000)	(15,000)	(30,000)		0	0	0		0	0	0		0	0	0	
001-A	659L	0		0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
001-C	19UL	194,000		380,000		(1,000)	(1,000)	(2,000)		(5,000)	(5,000)	(10,000)		(5,000)	(5,000)	(10,000)		(52,000)	(49,000)	(101,000)		(85,000)	(81,000)	(166,000)		(46,000)	(45,000)	(91,000)	
001-D	558B	41,000		80,000		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		(41,000)	(39,000)	(80,000)	
001-E	596A	8,000		15,000		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		(8,000)	(7,000)	(15,000)	
Total		730,000		1,433,000		(14,000)	(14,000)	(28,000)		(75,000)	(75,000)	(150,000)		(65,000)	(65,000)	(130,000)		(103,000)	(98,000)	(201,000)		(169,000)	(161,000)	(330,000)		(304,000)	(290,000)	(594,000)	

FSA - TVS Centralization Transfer

AW PL-9T Transfers.xls

2005-07 Biennium
PL-9T Transfers

Building and Mail Svcs Program Transfer

		Program 110 A44 4000 K047			Program 110 A50 5000 K002			Program 110 A20 2000 K026			Program 050 9000 J70 E051			Program 070 9000 J30-G022			Program 100 9000-T40-J103		
		SFY06 0.8	SFY07 0.8	BIEN 0.8	SFY06 0.8	SFY07 0.8	BIEN 0.8	SFY06 (0.2)	SFY07 (0.2)	BIEN (0.2)	SFY06 (0.8)	SFY07 (0.8)	BIEN (0.8)	SFY06 (0.4)	SFY07 (0.4)	BIEN (0.4)	SFY06 (0.2)	SFY07 (0.2)	BIEN (0.2)
FTEs		30,000	30,000	60,000	20,000	20,000	40,000	(6,000)	(6,000)	(12,000)	(26,000)	(26,000)	(52,000)	(12,000)	(12,000)	(24,000)	(6,000)	(6,000)	(12,000)
A		8,000	8,000	16,000	7,000	7,000	14,000	(2,000)	(2,000)	(4,000)	(8,000)	(8,000)	(16,000)	(3,000)	(3,000)	(6,000)	(2,000)	(2,000)	(4,000)
B		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EN		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
J		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TZ		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)
001-1	0011	25,000	25,000	50,000	17,000	17,000	34,000	(5,000)	(5,000)	(10,000)	(17,000)	(17,000)	(34,000)	(12,000)	(12,000)	(24,000)	(8,000)	(8,000)	(16,000)
001-2	001B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	5631	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19UL	13,000	13,000	26,000	10,000	10,000	20,000	(3,000)	(3,000)	(6,000)	(17,000)	(17,000)	(34,000)	(3,000)	(3,000)	(6,000)	0	0	0
001-D	558B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		38,000	38,000	76,000	27,000	27,000	54,000	(8,000)	(8,000)	(16,000)	(34,000)	(34,000)	(68,000)	(15,000)	(15,000)	(30,000)	(8,000)	(8,000)	(16,000)

BCCU transfer

		Program 110 A80 8000 K094			Program 050 9000 J81 E051		
		SFY06 0.0	SFY07 0.0	BIEN 0.0	SFY06 0.0	SFY07 0.0	BIEN 0.0
FTEs		(67,000)	(67,000)	(134,000)	67,000	67,000	134,000
A		(21,000)	(21,000)	(42,000)	21,000	21,000	42,000
B		0	0	0	15,000	15,000	30,000
E		(15,000)	(15,000)	(30,000)	0	0	0
EA		0	0	0	0	0	0
EN		0	0	0	0	0	0
G		(1,000)	(1,000)	(2,000)	1,000	1,000	2,000
J		0	0	0	0	0	0
TZ		(2,000)	(2,000)	(4,000)	2,000	2,000	4,000
Total		(106,000)	(106,000)	(212,000)	106,000	106,000	212,000
001-1	0011	(54,000)	(54,000)	(108,000)	54,000	54,000	108,000
001-2	001B	0	0	0	0	0	0
001-2	566B	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0
001-A	5631	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0
001-C	19UL	(52,000)	(52,000)	(104,000)	52,000	52,000	104,000
001-D	558B	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0
Total		(106,000)	(106,000)	(212,000)	106,000	106,000	212,000

2005-07 Biennium
PL-9T Transfers

Summary

Program 110
8000-A80-K094

FTEs	SFY06	SFY07	BIEN
A	(67,000)	(67,000)	(134,000)
B	(21,000)	(21,000)	(42,000)
E	0	0	0
EA	(15,000)	(15,000)	(30,000)
EN	0	0	0
G	(1,000)	(1,000)	(2,000)
J	0	0	0
TZ	(2,000)	(2,000)	(4,000)
Total	(106,000)	(106,000)	(212,000)

Program 110
4000-A44-K047

FTEs	SFY06	SFY07	BIEN
A	30,000	30,000	60,000
B	8,000	8,000	16,000
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	38,000	38,000	76,000

Program 110
5000-A50-K002

FTEs	SFY06	SFY07	BIEN
A	549,000	549,000	1,098,000
B	122,000	122,000	244,000
E	0	0	0
EA	41,000	41,000	82,000
EN	4,000	4,000	8,000
G	5,000	5,000	10,000
J	27,000	27,000	54,000
TZ	9,000	9,000	18,000
Total	757,000	757,000	1,487,000

Program 110
2000-A20-K026

FTEs	SFY06	SFY07	BIEN
A	(6,000)	(6,000)	(12,000)
B	(2,000)	(2,000)	(4,000)
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(8,000)	(8,000)	(16,000)

Program 110
4000-A42-K037

FTEs	SFY06	SFY07	BIEN
A	105,000	105,000	210,000
B	26,000	26,000	52,000
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	131,000	131,000	262,000

Program 110
SUMMARY

FTEs	SFY06	SFY07	BIEN
A	611,000	611,000	1,222,000
B	133,000	133,000	266,000
E	0	0	0
EA	26,000	26,000	52,000
EN	4,000	4,000	8,000
G	4,000	4,000	8,000
J	27,000	27,000	54,000
TZ	7,000	7,000	14,000
Total	812,000	812,000	1,597,000

Total (106,000) (106,000) (212,000)

Program 010
9000-J50-A033

FTEs	SFY06	SFY07	BIEN
A	(14,000)	(14,000)	(28,000)
B	(3,000)	(3,000)	(6,000)
E	(1,000)	(1,000)	(2,000)
EA	0	0	0
EN	(1,000)	(1,000)	(2,000)
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(19,000)	(19,000)	(38,000)

Program 010
9000-J50-A012

FTEs	SFY06	SFY07	BIEN
A	(78,000)	(78,000)	(156,000)
B	(17,000)	(17,000)	(34,000)
E	(5,000)	(5,000)	(10,000)
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(101,000)	(101,000)	(202,000)

Program 010
9000-J50-A009

FTEs	SFY06	SFY07	BIEN
A	(67,000)	(67,000)	(134,000)
B	(16,000)	(16,000)	(32,000)
E	(4,000)	(4,000)	(8,000)
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(88,000)	(88,000)	(176,000)

Program 010
SUMMARY

FTEs	SFY06	SFY07	BIEN
A	(159,000)	(159,000)	(318,000)
B	(36,000)	(36,000)	(72,000)
E	(10,000)	(10,000)	(20,000)
EA	0	0	0
EN	(1,000)	(1,000)	(2,000)
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(208,000)	(208,000)	(416,000)

Program 020
1000-S30-B073

FTEs	SFY06	SFY07	BIEN
A	(1,000)	(1,000)	(2,000)
B	0	0	0
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(1,000)	(1,000)	(2,000)

Program 020
9000-G10-B046

FTEs	SFY06	SFY07	BIEN
A	(1,000)	(1,000)	(2,000)
B	0	0	0
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(1,000)	(1,000)	(2,000)

Program 020
SUMMARY

FTEs	SFY06	SFY07	BIEN
A	(2,000)	(2,000)	(4,000)
B	0	0	0
E	0	0	0
EA	0	0	0
EN	0	0	0
G	0	0	0
J	0	0	0
TZ	0	0	0
Total	(2,000)	(2,000)	(4,000)

Total (19,000) (19,000) (38,000)

2005-07 Biennium
PL-9T Transfers

		Program 030 9000-G70-C500/SUMMARY		Program 040 1000-H57-D036/SUMMARY		Program 050 4000-J74-E052		Program 050 9000-J70-E051		Program 050 9000-J81-E051		Program 050 SUMMARY		Program 060 9000-M01-F078/SUMMARY	
FTEs		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07
		(0.1)	(0.1)	(0.1)	0.0	0.0	0.0	(0.8)	(0.8)	0.0	0.0	(1.7)	(1.7)	(0.4)	(0.4)
A		(3,000)	(3,000)	(6,000)	(74,000)	(74,000)	(148,000)	(148,000)	(148,000)	67,000	67,000	(114,000)	(114,000)	(234,000)	(234,000)
B		(1,000)	(1,000)	(2,000)	(16,000)	(16,000)	(32,000)	(32,000)	(34,000)	21,000	21,000	(22,000)	(22,000)	(52,000)	(52,000)
E		0	0	0	(6,000)	(6,000)	(12,000)	(10,000)	(10,000)	15,000	15,000	5,000	5,000	(19,000)	(19,000)
EA		0	0	0	0	0	0	0	0	0	0	0	0	0	0
EN		0	0	0	0	0	0	0	0	0	0	0	0	0	0
G		0	0	0	(1,000)	(1,000)	(2,000)	(2,000)	(8,000)	1,000	1,000	(8,000)	(8,000)	(4,000)	(4,000)
J		0	0	0	(1,000)	(1,000)	(2,000)	(2,000)	(2,000)	2,000	2,000	0	0	0	0
TZ		0	0	0	(103,000)	(98,000)	(201,000)	(203,000)	(195,000)	106,000	106,000	(139,000)	(131,000)	(325,000)	(311,000)
Total		(4,000)	(4,000)	(8,000)	(2,000)	(2,000)	(4,000)	(4,000)	(4,000)	106,000	106,000	(68,000)	(64,000)	(177,000)	(170,000)
001-1	0011	(2,000)	(2,000)	(4,000)	(51,000)	(49,000)	(100,000)	(101,000)	(97,000)	54,000	54,000	0	0	0	0
001-2	0018	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	5668	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	5631	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19JUL	(2,000)	(2,000)	(4,000)	(52,000)	(49,000)	(101,000)	(102,000)	(98,000)	52,000	52,000	(71,000)	(67,000)	(49,000)	(47,000)
001-D	5588	0	0	0	0	0	0	0	0	0	0	0	0	(44,000)	(42,000)
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	(8,000)	(8,000)
Total		(4,000)	(4,000)	(8,000)	(103,000)	(98,000)	(201,000)	(203,000)	(195,000)	106,000	106,000	(139,000)	(131,000)	(325,000)	(311,000)
		Program 070 9000-130-G022/SUMMARY		Program 080 6000-V90-H001/SUMMARY		Program 100 9000-T40-J103/SUMMARY									
FTEs		SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07	BIEN	SFY06	SFY07
		(0.5)	(0.5)	(0.5)	(0.1)	(0.1)	(0.1)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)
A		(13,000)	(13,000)	(26,000)	(2,000)	(2,000)	(4,000)	(10,000)	(10,000)	(10,000)	(10,000)	(10,000)	(10,000)	(3,000)	(3,000)
B		(3,000)	(3,000)	(6,000)	0	0	0	0	0	0	0	0	0	0	0
E		0	0	0	0	0	0	0	0	0	0	0	0	0	0
EA		0	0	0	0	0	0	0	0	0	0	0	0	0	0
EN		0	0	0	0	0	0	0	0	0	0	0	0	0	0
G		0	0	0	0	0	0	0	0	0	0	0	0	0	0
J		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TZ		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(13,000)	(13,000)	(13,000)	(13,000)	(3,000)	(3,000)
001-1	0011	(13,000)	(13,000)	(26,000)	(1,000)	(1,000)	(2,000)	(10,000)	(10,000)	(10,000)	(10,000)	(10,000)	(10,000)	(2,000)	(2,000)
001-2	0018	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	5668	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-2	E61L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	5631	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	658L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-A	659L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-C	19JUL	(3,000)	(3,000)	(6,000)	(1,000)	(1,000)	(2,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(4,000)	(4,000)
001-D	5588	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001-E	596A	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		(16,000)	(16,000)	(32,000)	(2,000)	(2,000)	(4,000)	(13,000)	(13,000)	(13,000)	(13,000)	(13,000)	(13,000)	(3,000)	(3,000)

Department of Social and Health Services

DP Code/Title: PL-GA Expanding Preventative Medical Svcs

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The purpose of this decision package is to provide chemical dependency treatment to: 1) all Adult Medicaid-eligible clients who seek treatment and 2) all youth ages 12-17 in need of treatment who are under 200 percent of the Federal Poverty Level (FPL), regardless of whether they are Medicaid-eligible or not. Due to budgetary constraints the Department of Alcohol and Substance Abuse (DASA) is only able to serve 31.3 percent of adults receiving Medicaid who are in need of treatment and 23.5 percent of youth ages 12-17 in need. Some 68.7 percent of Adult Medicaid eligible clients do not receive treatment, and 76.5 percent of youth in need and under 200 percent FPL do not receive treatment. Research indicates that providing treatment is a preventive medical service and results in significant Medicaid savings. Treatment reduces medical and psychiatric costs by over \$252 per month per client for every person receiving treatment, emergency room visits are reduced by up to 48 percent for persons completing alcohol/drug treatment. Furthermore, chemical dependency treatment reduces dependency on public assistance, results in increased employment, reduces Child Protective Service (CPS) referrals and child welfare system costs, reduces crime and criminal justice costs for both youth and adults due to large reductions in arrests. In addition, providing treatment for youth reduces school dropout and delinquency, and improves academic performance among middle and high school students. A recent study of Washington State middle schools indicated that on average, students whose peers avoided substance use had reading achievement test scores that were 18 points higher and math achievement test scores of 44 points higher than students with low levels of drinking or drug use.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	18,735,000	39,777,000	58,512,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	8,249,000	17,651,000	25,900,000
Total Cost	26,984,000	57,428,000	84,412,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	3.0	3.0	3.0

Package Description:

Alcoholism and drug abuse treatment services in Washington State are administered by the DASA within the Department of Social and Health Services (DSHS). DASA is responsible for developing and conducting a comprehensive program of alcoholism and drug abuse treatment and prevention services for state residents. DASA serves indigent and low-income clients by contracting directly with certified treatment agencies to provide residential treatment services, and through counties and tribes for outpatient treatment services, including opiate substitution treatment.

Currently, under the State Medicaid Plan, drug and alcohol treatment services is an optional service in the general service category of rehabilitative services. Alcohol and other drug (AOD) services are included in Medicaid in order to maximize the use of state funds by pulling in federal matching funds for eligible clients. However, since AOD is an optional service and not an entitlement, it is not included as a covered program service in the State's caseload forecasts. Approximately 68.7 percent of adult Medicaid clients in need of chemical dependency treatment do not receive it due to limits in available funding.

This proposal seeks to increase the number individuals receiving chemical dependency treatment services, specifically targeting the Medicaid-eligible population who are in need of treatment. Chemical dependency treatment is associated with large Medicaid cost savings. Absence of treatment increases Medicaid costs via higher costs for emergency departments, psychiatric units, and in more inappropriate referrals to other health care systems. Providing timely access to needed treatment and improving our treatment retention and completion rates are key to reaching our common goal of healthier families and communities. DASA, together with our community partners, is committed to a healthier, safer Washington

Department of Social and Health Services

DP Code/Title: PL-GA Expanding Preventative Medical Svcs

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

where all our citizens have access to the scope and level of treatment services that can help them live free of the ravages of alcohol and drug abuse.

It is not known precisely what percentage of youth in need of treatment and under 200 percent FPL would qualify for Medicaid. What is known is that 8.67 percent of those under 200 percent FPL are in need of chemical dependency treatment. Chemically dependent youth are much more likely to experience poor academic performance, school delinquency, drop out of school, teen pregnancy, commit criminal offenses, end up in juvenile rehabilitation facilities, remain unemployed, and rely on public assistance. Moreover, this behavior is likely to have significant negative impacts on their peers. Substance abuse and dependence patterns set in youth often carry over into adulthood, with substantial negative impacts on health, social service, crime and criminal justice-related costs.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal addresses the following Washington State Priorities of Government:

Improve student achievement in elementary, middle and high schools
Improve the quality and productivity of the workforce
Improve the health of Washington citizens
Improve the security of Washington's vulnerable children and adults
Improve the safety of people and property

This proposal also meets DSHS, DASA 2006-2011 Strategic Plan goals of (1) protecting vulnerable adults, children, and families; (2) breaking down barriers to self sufficiency; and (3) assuring public safety and helping to build strong, healthy communities.

Performance Measure Detail

Agency Level

Activity: G015 Community Based Drug and Alcohol Treatment Services

Incremental Changes
FY 1 **FY 2**

Outcome Measures

G016	Number of Medicaid Eligible Adults Served in Outpatient Treatment	1471.00	1532.00
------	---	---------	---------

Activity: G085 Residential Drug and Alcohol Treatment Services

Incremental Changes
FY 1 **FY 2**

Outcome Measures

G012	Increase in number of clients receiving medical assistance	5.00%	5.00%
G014	Number of Medicaid Eligible Adults Served in Residential Treatment	15384.00	16012.00
G015	Percentage of Youth Served in Residential Treatment	15.00%	15.00%

Reason for change:

The demand for chemical dependency treatment greatly exceeds available supply due to budgetary constraints. The Division's greatest challenge lies in finding ways to increase the number of adults and youths who seek substance abuse treatment. With a current treatment gap of 68.7 percent for adult Medicaid clients and of 76.5 percent for youth ages 12-17 under 200 percent FPL, this proposal of "treatment on demand" is intended to allow all eligible clients seeking substance abuse treatment immediate entry.

The implementation plan will be a phased-in plan. In State Fiscal Year 2006, the first year of the 2005-07 Biennium, we would seek to serve 40 percent of Medicaid eligible adults and youths age 12-17 under 200 percent FPL who need

Department of Social and Health Services

DP Code/Title: PL-GA Expanding Preventative Medical Svcs
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

treatment. In State Fiscal Year 20 2007, we would increase those served to 60 percent. In the 2007-09 Biennium, DASA would serve all Medicaid-eligible clients who seek treatment and all youth under 200 percent FPL in need of treatment.

Impact on clients and services:

DASA provides a full range of prevention, intervention, and treatment programs. DASA funded treatment services are designed to maintain cost effective, quality continuum of care for rehabilitating individuals suffering from alcoholism and other drug addiction. DASA's 2003-2005 Biennial Budget is approximately \$239 million. DASA contracts with counties and tribes for the delivery of outpatient services and contracts directly with service providers for residential services. Services include:

- Diagnostic evaluation
- Alcohol/drug detoxification
- Outpatient treatment (adult & youth)
- Opiate substitution (methadone) treatment
- Intensive inpatient treatment (adult & youth)
- Recovery house (adult & youth)
- Long term residential care
- Involuntary treatment/civil commitment for individuals with alcohol/drug addiction
- Residential treatment for pregnant and parenting women (with childcare)
- Outpatient treatment for pregnant and parenting women (with childcare)
- Treatment for co-occurring disorders
- Tribal treatment programs
- Urinalysis screening
- Childcare, including therapeutic childcare
- Transportation
- Interpreter services
- Case management
- Youth outreach
- Oxford House

Implementation of this request would allow DASA to provide chemical dependency treatment to more Medicaid-eligible adults and youths age 12-17 under 200 percent FPL that require immediate alcohol and substance abuse treatment services. Serving this sector of the community through immediate treatment options now will result in cost containment of future health care costs (e.g., emergency room visits, medical, mental health treatment, etc).

Impact on other state programs:

By serving all Medicaid-eligible adults and all youths age 12-17 under 200 percent FPL, DASA would be assisting the state of Washington in the containment of future health care costs. Empirical evidence strongly supports treatment as a preventative medical service, which would help the state of Washington contain future health care costs.

Specifically, the implementation of immediate treatment to this greatly under-served community would result in savings to other publicly funded services such as TANF, Child Welfare, Acute Medical Care, Mental Health, Adult Corrections, Juvenile Rehabilitation, local criminal justice, and education.

Relationship to capital budget:

Not applicable

Department of Social and Health Services

DP Code/Title: PL-GA Expanding Preventative Medical Svcs
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

In order to maximize the results we deliver to the citizens of Washington State, DASA is specifically targeting reductions in the 68.5 percent treatment gap for Medicaid clients. Research studies consistently demonstrate that investing in substance abuse treatment saves public funds. In reaching this target, DASA considered the following options:

Option A: To provide treatment on demand for all adult clients at or below the 200 percent federal poverty level. This option, while beneficial, doesn't serve the entire population and was not selected as the best alternative for the state.

Option B: To provide treatment on demand for all Medicaid-eligible adult clients. This option was not selected because it excludes youths age 12-17 who are under 200 percent of the federal poverty level. Chemically dependent youth, whether Medicaid-eligible or not, affect the educational climate and educational performance of all students. By intervening earlier in the chemical dependency of youth, substantial costs can be averted in future health, safety, and criminal justice areas, and school dropout and delinquency can be prevented now.

Option C: To provide treatment to all Medicaid-eligible adults and all youths age 12-17 who are under 200 percent of the FPL. This option, although more costly in the short-run because it serves a larger sector of people, is seen as the most beneficial option to the state of Washington because of the large treatment gap for this group. Currently, this population is under-served by approximately 68.5 percent for Medicaid-eligible adults and 76.5 percent for youths age 12-17 under 200 percent of the FPL, both of which are in great need of alcohol and substance abuse treatment.

If these individuals can be treated now, the state will benefit in the long-run by helping contain future health care costs. Without immediate treatment, these individuals will cycle into higher-cost services such as emergency room visits, mental health hospitalization, or the criminal justice systems.

Budget impacts in future biennia:

Funding will increase as the initiative is phased in State Fiscal Year 2006 will serve 40 percent of the target group and State Fiscal Year 2007 will serve 60 percent of the target group. All eligible adults and youths would be served in the ensuing biennium.

Distinction between one-time and ongoing costs:

Equipment costs are one-time only, all other costs are on-going.

Effects of non-funding:

Not funding this proposal will continue to result in higher costs to other systems in health care, social service, criminal justice, and education. Research has shown that treatment works and leads to:

- Fewer hospital inpatient days
- Lower hospital admissions
- Decreased emergency room use
- Lower medical costs
- Fewer drug offenses
- Enhanced worker productivity
- Decreased use of public assistance
- Fewer driving while under the influence (DUI) cases

Department of Social and Health Services

DP Code/Title: PL-GA Expanding Preventative Medical Svcs

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

- Fewer car accidents
- Lower criminal justice costs
- Fewer property crimes
- Fewer violent crimes
- Reduced incarcerations
- Reduced domestic violence
- Less child abuse and neglect
- Higher levels of employment
- Increased earnings
- Fewer psychiatric hospitalizations
- Better school performance
- Fewer school dropouts
- Less school delinquency
- Reduced use of alcohol and drugs

Expenditure Calculations and Assumptions:

See attached DASA - PL-GA Expanding Preventative Medical Services.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	164,000	164,000	328,000
B Employee Benefits	37,000	37,000	74,000
E Goods And Services	336,000	336,000	672,000
G Travel	4,000	4,000	8,000
J Capital Outlays	24,000	6,000	30,000
N Grants, Benefits & Client Services	26,416,000	56,878,000	83,294,000
T Intra-Agency Reimbursements	3,000	3,000	6,000
Total Objects	26,984,000	57,428,000	84,412,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	18,735,000	39,777,000	58,512,000
Total for Fund 001-1	18,735,000	39,777,000	58,512,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	8,203,000	17,608,000	25,811,000
19UL Title XIX Admin (50%)	46,000	43,000	89,000
Total for Fund 001-C	8,249,000	17,651,000	25,900,000
Total Overall Funding	26,984,000	57,428,000	84,412,000

2005-07 Biennium
PL-GA Expanding Preventative Medical Services

Division of Alcohol and Substance Abuse
Treatment on Demand

Positon	FTEs	Monthly Salary	Annual Salary
Information Tech Specialist 4	1.0	4,750	57,000
WMS - Band 2	1.0	4,500	54,000
Fiscal Anaylst 5	1.0	4,417	53,000

	FY06	FY07	Total 2005-07
FTEs	3.0	3.0	6.0
Salary	164,000	164,000	328,000
Benefits	37,000	37,000	74,000
Goods & Services	36,000	36,000	72,000
Equipment	24,000	6,000	30,000
Travel	4,000	4,000	8,000
ISSD	3,000	3,000	6,000
Evaluation - Youth & Adults	300,000	300,000	600,000
Sub-Total	\$ 568,000	\$ 550,000	\$ 1,118,000
Treatment - Adults	11,533,000	25,789,000	37,322,000
Treatment - Youth	14,883,000	31,088,000	45,971,000
Grand Total	\$ 26,984,000	\$ 57,428,000	\$ 84,412,000
GFS	\$ 18,735,000	\$ 39,777,000	\$ 58,512,000
Federal	\$ 8,249,000	\$ 17,651,000	\$ 25,900,000
Total	\$ 26,984,000	\$ 57,428,000	\$ 84,412,000

2005-07 Biennium
PL-GA Expanding Preventative Medical Services

Division of Alcohol and Substance Abuse

Summary of estimated costs for providing "treatment on demand " for Youth

	FY04	FY05
OFM 2003 State Population (Youth Ages 12-17)	535,376	539,217
% in Institutions	1.1%	1.1%
Number in Institutions	5,889	5,931
Number of Youth Not in Institution	529,487	533,286
% of Youth in Need of Substance Abuse Treatment	8.7%	8.7%
Monthly Caseload Needing Substance Abuse Services	45,907	46,236
% of Youth Eligible for DASA Services	54.0%	54.0%
Number of Youth Eligible and Need DASA Services	24,790	24,967
Number of Youth being Served by DASA	5,265	5,265
Number of Youth Not Served by DASA	19,525	19,702
Total Number of Youth to serve 40% needing CD treatment	4,651	4,722
Total Number of Youth to serve 60% needing CD treatment	9,609	9,715
Estimated Cost Per Client	\$ 3,200	\$ 3,200
Yearly Cost for Serving 40% of youths needing CD treatment	\$ 14,883,200	\$ 15,110,400
Yearly Cost for Serving 60% of youths needing CD treatment	\$ 30,748,800	\$ 31,088,000

Total Cost to provide services to Youth in Need & Eligible for Services

	@40% FY06	@60% FY07
<u>To serve 40% in year 01 and 60% in yr 02</u>		
Grand Total	\$ 14,883,200	\$ 31,088,000
GF-S	\$ 11,162,400	\$ 23,316,000
Federal	\$ 3,720,800	\$ 7,772,000
Notes:		
Assume 50% of expenditures are eligible for federal matching funds		

2005-07 Biennium
PL-GA Expanding Preventative Medical Services

Division of Alcohol and Substance Abuse

Summary of estimated costs for providing "treatment on demand " for Adult Medicaid eligible clients

Total Substance Abuse Treatment Need		
	FY04	FY05
MAA Monthly Adjusted Medicaid Caseload (Adults only)	254,512	263,137
Percent in need of CD Treatment	0.177	0.177
Monthly Caseload Needing CD	45,049	46,575
Estimated DASA Caseload Served	10,174	10,401
Total Monthly Caseload Not Served	34,875	36,174
Total Monthly Caseload to serve 40% (Monthly caseload needing CD tx)	7,845	8,229
Outpatient Caseload	7,161	7,511
Residential Caseload	685	718
Total Monthly Caseload to serve 60% (Monthly caseload needing CD tx)	16,855	17,544
Outpatient Caseload	15,384	16,012
Residential Caseload	1,471	1,532
Average cost per month caseload for outpatient	\$ 92.47	\$ 92.47
Average cost per month caseload for Residential	\$ 436.34	\$ 436.34
Yearly Cost for Serving 40% of adults needing CD treatment	\$ 11,532,847	\$ 12,094,011
Yearly Cost for Serving 60% of adults needing CD treatment	\$ 24,772,975	\$ 25,789,230

To serve 40% in year 01 and 60% in yr 02		
	@40% FY06	@60% FY07
Grand Total	\$ 11,532,847	\$ 25,789,230
GF-S	\$ 7,201,109	\$ 16,103,285
Federal	\$ 4,331,738	\$ 9,685,945

Notes:
FY06 and FY07 are based on FY 05 estimated MAA caseload
Due to IMD exclusion only 20% of residential services expenditure are eligible for federal matching funds

Department of Social and Health Services

DP Code/Title: PL-GB Residential Rate Study
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The purpose of this decision package is to adjust residential rates for chemical dependency treatment of adults and adolescents. This proposal will seek to adjust residential rates for the adult intensive inpatient, recovery house, and youth residential treatment Level II Secure modality.

The groundwork for the upward adjustment of rates is based on an August 2004 Residential Rate Study that suggests current reimbursement rates are grossly inadequate to cover the cost of providing services to this sector. A rate adjustment will ensure that the Department of Social and Health Services (DSHS) can continue to attract and retain qualified providers for these services and avoid potential closure of residential programs.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	3,422,000	3,927,000	7,349,000
001-C General Fund - Basic Account-DSHS Medicaid Federal	0	169,000	169,000
Total Cost	3,422,000	4,096,000	7,518,000

Staffing

Package Description:

In May 2003, the Washington DSHS, Division of Alcohol and Substance Abuse (DASA) requested assistance from the Center for Substance Abuse Treatment (CSAT) to help determine the appropriate rate structure for its residential treatment services. DASA established rates for its residential service several years ago and these rates have been adjusted periodically to compensate for inflation and other factors. There is a widespread assertion that the current reimbursement rates are not sufficient to provide the quality of services required by DASA program standards, and DASA as well as its current providers are concerned over the adequacy of the funding for residential services.

DASA is responsible for developing and conducting a comprehensive program of alcoholism and drug abuse treatment and prevention services for state residents. One of the keys to DASA's continuum of care is the adult and adolescent residential treatment system. DASA serves indigent and low-income clients by contracting directly with certified treatment agencies to provide residential treatment services. The DASA residential treatment system currently contracts for 385 intensive inpatient adult beds, 188 recovery house residential adult beds, and 105 Level I secure, Level II and Level II Secure adolescent residential beds statewide. These beds provide residential chemical dependency treatment services to approximately 5,700 adults and 1,400 adolescents per year.

The DASA residential system faces challenges finding and retaining quality providers for its residential treatment services because of the low residential rates currently offered. DASA's residential rates of \$67.64 per day for Intensive Inpatient and \$39.25 per day for Recovery House treatment are well below the national average of \$76.13 per day according to the Alcohol and Drug Services Study (ADSS) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). Since 1999, DASA contracted providers have closed or redistributed over 300 adult beds, 27 pregnant and parenting women (PPW) beds, and 37 youth residential beds.

The current contracted capacity only provides services to twenty percent of the population who need residential treatment in Washington State. The residential rate adjustment will help retain existing providers and attract new providers, which will increase residential capacity for youth and adults and will stop further erosion of the system.

The average wait time to access publicly funded services for adults is 60-90 days and up to six months for youths. One out of

Department of Social and Health Services

DP Code/Title: PL-GB Residential Rate Study
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

every five adults waiting for residential treatment access the system, and the adolescents waiting lists can be in excess of 300 youth at times. The lack of access to chemical dependency residential treatment services for youth and adults results in higher costs for emergency departments, psychiatric units, and more inappropriate referrals to other health care systems, resulting in higher health-related costs for the state of Washington.

The low residential rates may compromise the quality of residential treatment services and make workforce development a challenging, if not impossible, endeavor for residential providers. The publicly funded residential system continues to lose quality, qualified personnel to counties and other government entities that can pay higher rates. Pursuant to the Criminal Justice Treatment Act, this proposal will provide DASA the resources to recruit more providers to fulfill increased demand, and will allow residential providers to hire, train, and retain qualified staff.

DASA's proposed residential rate adjustments are supported by the evidence found in the rate study of average actual costs versus DASA's Fiscal Year 2003 reimbursement rates by modality. The following are the results of the Residential treatment Services Rate Study conducted by Dr. Jim Sorensen from Fiscal Year 2003 rates in residential modalities:

Intensive Inpatient Treatment \$110.54 vs. \$66.36
Recovery House \$50.47 vs. \$37.97
Youth Level 2 Secure \$187.99 vs. \$188.68

For Intensive Inpatient and Recovery House, we propose an adjustment of less than 100 percent of the Average Actual Costs evidenced in the rate study.

The proposed rate adjustments, which would be effective July 2005, are:

Intensive Inpatient Increase from \$67.64 to \$87.90 per bed day
Recovery House Increase from \$39.25 to \$47.63 per bed day

The proposed rate adjustment, which would be effective July 2006, are:

Youth Level II Secure from \$188.68 to \$194.00 per bed day
For Level II Secure rate increase, the justification is as follows:

- The clinical severity of youth clients being admitted to this level of care is increasing due to reductions, restrictions in Mental Health treatment system, and system limitations to address youth with more severe co-occurring disorders.
- Facility security and safety challenges that these youth present are costly to providers in building costs, staff training costs.
- Costs are increasing to obtain adequate facilities, and to remodel and upgrade to meet DOH licensing.
- Rate is inadequate to attract new providers who are willing to address clinical severity, and respond to liability issues with youth needing this level of treatment.
- There are limited residential treatment alternatives for youth with co-occurring disorders who are at risk to run away from treatment.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal addresses the following Washington State Priorities of Government:

Improve student achievement in elementary, middle and high schools
Improve the quality and productivity of the workforce
Improve the health of Washington citizens

Department of Social and Health Services

DP Code/Title: PL-GB Residential Rate Study
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Improve the security of Washington's vulnerable children and adults
Improve the safety of people and property

This proposal also meets the Department of Social and Health Services, Division of Alcohol and Substance Abuse Strategic Plan 2006-2011 as follows:

GOAL 1: PROTECT VULNERABLE ADULTS, CHILDREN AND FAMILIES

Objectives:

Preserving the safety net for those least able to support themselves or get support from others.

Assuring vulnerable individuals are identified and receive the full range and scope of care and supports they need.

Strategies:

SUPPORTING ADULT RESIDENTIAL TREATMENT.

SUPPORTING YOUTH RESIDENTIAL TREATMENT.

COORDINATING SERVICES FOR AT-RISK/RUNAWAY YOUTH.

GOAL 2: BREAK DOWN BARRIERS TO SELF-SUFFICIENCY

Objectives:

Connect people who can work to the services and supports they need to become economically independent.

Reduce dependency on publicly funded services and aid.

Supporting programs and services that allow individuals who do not pose a threat to themselves or others to live in their communities and achieve optimum independence.

Strategies:

WORKING COLLABORATIVELY WITH THE ECONOMIC SERVICES ADMINISTRATION TO HELP TANF FAMILIES.

GOAL 3: ASSURE PUBLIC SAFETY AND HELP BUILD STRONG, HEALTHY COMMUNITIES

Objectives:

Be a good neighbor, concerned about the health and safety of communities across the state.

Have protections and safeguards in place to protect the public from dangerous behaviors.

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Reason for change:

The residential rate adjustment will help to contain health care costs for the State of Washington. Without an adjustment, DASA will not be able to continue providing quality residential services to youth and adults in Washington State, which will place a burden on other health care systems such as hospital emergency rooms, jails, and mental health hospitals. There is a risk of continued closure of residential youth and adult facilities, thereby reducing the availability of a critical residential service in the continuum of care. With the need for residential services to judicially supervise clients receiving funding through the Criminal Justice Treatment Account (CJTA), the pressure to increase residential capacity and availability is even greater.

If this proposal is implemented, we can expect growth in our adult and adolescent residential system, both in the number of providers and clients served, to more appropriately respond to waiting lists and treatment service needs. This proposal will also stop the potential erosion of our current residential system.

Impact on clients and services:

Currently, DASA provides contracts for 385 intensive inpatient residential adult beds, 188 recovery house residential adult

Department of Social and Health Services

DP Code/Title: PL-GB Residential Rate Study
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

beds, and 105 Level I, Level II & Level II Secure adolescent residential beds statewide, providing residential treatment services to approximately 5,700 adults and 1,400 adolescents per year.

This proposal would enhance the availability of residential youth and adult services and preserve the continuum of treatment for Washington residents. It would also help in getting individuals to appropriate levels of care and prevent inappropriate referrals to other health care systems that receive individuals in crisis who do not enter needed residential treatment services.

Pending a successful residential rate adjustment, DASA will conduct a Request for Proposal to contract out the residential system and attract new providers by July 1, 2005.

Impact on other state programs:

The proposed residential rate change will help ensure that a sufficient number of residential services will still be available to meet the growing needs. Furthermore, maintaining or increasing the number of providers will help reduce demands on other health-care services (e.g., emergency rooms, jail, mental health hospitals).

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

An adjustment to the residential rates is the best option because it will help to contain health care costs to the State of Washington as a whole. The August 2004 residential rate study suggests that the current rate structure is under-funded by 38-48 percent based on actual Fiscal Year 2003 residential costs. With this margin, DSHS will not be able to retain these providers, and youth and adults previously served through the residential system will be sent to other high-cost health care alternatives (e.g., emergency rooms, jails, mental health hospitals).

A possible alternative is to execute a new Request for Proposal (RFP) to recruit new residential providers. However, DASA feels this option is not feasible. RFPs conducted in 1994 and 1998 have not been able to recruit new providers.

Budget impacts in future biennia:

This decision package phases in the results from the Rate Study. The Fiscal Year 2007 funding will go forward into the 2007-09 Biennia.

Distinction between one-time and ongoing costs:

Ongoing

Effects of non-funding:

If this proposal is not funded, residential facilities will continue to close and the availability of residential services will diminish creating a crisis of referrals to inappropriate modalities.

The loss of more residential treatment facilities will further increase waiting lists and further erode the continuum of treatment services. The continuum of treatment is essential to producing positive outcomes. Treatment retention or completion is less likely for clients if they have to remain on waiting lists while they should be engaged in treatment. Penetration rates would decrease if residential capacity is decreased. Not funding this proposal will also continue to diminish the quality of the

Department of Social and Health Services

DP Code/Title: PL-GB Residential Rate Study
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

services and the availability of a quality, qualified workforce to provide the services.

Adjusting residential rates would also attract more residential treatment providers/services, thereby increasing the residential capacity to respond to the need in our communities.

Expenditure Calculations and Assumptions:

The proposed rate adjustments, which would be effective July 2005, are:

Intensive Inpatient Increase from \$67.64 to \$87.90 per bed day
Recovery House Increase from \$39.25 to \$47.63 per bed day

The proposed rate adjustment, which would be effective July 2006, is:

Youth Level II Increase from \$188.68 to \$194.00 per bed day

See attachment DASA PL-GB Residential Rate Study.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	3,422,000	4,096,000	7,518,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	3,422,000	3,927,000	7,349,000
<i>Total for Fund 001-1</i>	<u>3,422,000</u>	<u>3,927,000</u>	<u>7,349,000</u>
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	0	169,000	169,000
<i>Total for Fund 001-C</i>	<u>0</u>	<u>169,000</u>	<u>169,000</u>
Total Overall Funding	3,422,000	4,096,000	7,518,000

**2005-07 Biennium
PL-GB Residential Rate Study**

	Beds	Current Rate	Proposed New Rate	Rate Increase	Days/Year	Budget Request		
						FY06	FY07	TOTAL 2005-07
Adult Intensive Inpatient Treatment	385	67.64	\$ 87.90	\$ 20.26	365	2,847,000	2,847,000	\$ 5,694,000
Adult Recovery House	188	39.25	\$ 47.63	\$ 8.38	365	575,000	575,000	\$ 1,150,000
Youth Level II - Secure* (Proposed model)	105	128.40	\$ 194.00	\$ 65.60	365	0	674,000	\$ 674,000
Total						\$ 3,422,000	\$ 4,096,000	\$ 7,518,000
				GF-S		3,422,000	3,927,000	7,349,000
				Federal		-	169,000	169,000
				TOTAL		\$ 3,422,000	\$ 4,096,000	\$ 7,518,000

*Youth Level II - Secure:

1) Is currently broken down into 3 treatment modalities:

						FY06	FY07	TOTAL
Youth Level I Secure	15	128.40	\$ 194.00	\$ 65.60	365	-	359,160	\$ 359,160
Youth Level II	10	150.20	\$ 194.00	\$ 43.80	365	-	159,870	\$ 159,870
Youth Level II - Secure* (Current model)	80	188.68	\$ 194.00	\$ 5.32	365	-	155,344	\$ 155,344
TOTAL	105						674,374	674,374

2) This proposal collapses the 3 modalities into 1 modality:
Proposed Youth Level II - Secure (see above)

3) Assumes 50% of the youth are medicaid eligible.

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package requests funding to support five new FTEs for chemical dependency professionals (CDPs) at both Eastern State (ESH) and Western State Hospitals (WSH). CDPs would coordinate placement of clients needing chemical dependency (CD) treatment into community resources upon discharge. In addition, they would provide consultation and training to hospital staff and could provide other CD services as needed including assessments to determine the level of CD diagnosis and treatment required. This decision package is part of the Cross System Crisis Initiative (CSCI).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	275,000	275,000	550,000
Total Cost	275,000	275,000	550,000

Staffing

Package Description:

Research by the Division of Alcohol and Substance Abuse (DASA) and the Mental Health Division (MHD) has shown that in 1996, 25 percent of clients discharged from ESH and WSH had co-occurring mental illness and drug/alcohol diagnoses (COD); 9 percent had drug/alcohol diagnoses only. Despite the existence of the drug/alcohol diagnoses, there is little evidence to suggest that either the CD or drug/alcohol diagnosed clients received chemical dependency treatment either in the year prior to hospitalization, during hospitalization, or in the five years subsequent to release. (See table below).

Co-occurring and Drug /Alcohol Related Discharges
In State Hospitals

Discharges:
2003 ESH 679
2003 WSH 716
2003 Combined 1,395

COD Discharges:	Drug/Alcohol Only Discharges:
2003 ESH 108	ESH 61
2003 WSH 115	WSH 64
2003 Combined 223	Combined 125

Total COD and Drug/Alcohol Only Discharges:
2003 ESH 169
2003 WSH 179
2003 Combined 348

Note: The 2003 estimates of COD and drug/alcohol related discharges are derived using the percentages from the 1996 study applied to the total discharges from 2003. Under-diagnosis of drug/alcohol disorders is an ongoing issue and the number of COD and drug/alcohol disorders may be higher.

DASA studies have demonstrated that CD treatment reduces the subsequent use of state hospital and other psychiatric hospitalization, emergency room visits and other services along with reductions in criminal arrests. The lack of CD treatment upon discharge from state hospitals represents a missed opportunity to break a cycle of instability that results in utilization of

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR
costly resources.

This decision package includes the funding for the CD personnel in these discharge reviews. The MHD has estimated that this will require the equivalent of a half-time FTE at ESH and one FTE at WSH. The hospitals have developed interim measures to meet this requirement. This proposal includes the funding for these discharge reviews.

Expanded Discharge Planning and Transition:

DASA proposes adding two FTEs at WSH and 1.5 FTEs at ESH to include CDPs in discharge planning to assist clients in making the transition to community CD treatment. These tasks may include ensuring eligibility for services, providing bed dates or follow-up appointment times and providing consultation and training to the hospital staff regarding hospital based treatment that will support transition to community CD resources. By improving CD discharge planning, the hospitals will also be able to discharge some clients earlier from costly hospital beds to less expensive CD residential treatment. CDPs may also conduct CD assessments on discharging clients in order to better match them with community resources and to eliminate delays caused when the community agency requires a CDP assessment prior to admission. DASA requires that a CDP working at an approved agency conduct the assessment.

Clients Needing Discharge Review and Discharge
Planning /Transition

ESH:

Discharge Review 56-112
FTE for Discharge Review .5*
Discharge Planning & Transition 169
FTE for Discharge Planning & Transition 1.5

WSH:

Discharge Review 58-115
FTE for Discharge Review 1.0*
Discharge Planning and Transition 179
FTE for Discharge Planning & Transition 2.0

TOTAL:

Discharge Review 114-227
FTE for Discharge Review 1.5*
Discharge Planning and Transition 348
FTE for Discharge Planning & Transition 3.5

*The FTE for discharge review may be accomplished with contracted reviews rather than a staff position.

This decision package recommends funding for a total of three chemical dependency professionals (CDPs) at Western State Hospital (WSH) and two CDPs at Eastern State Hospital (ESH).

Specific duties would include:

- Hospital Discharge Staffing
- Consultation and Training with hospital staff regarding treatment and placement of CD clients.
- Primary Responsibility for locating and facilitating access to community residential or outpatient CD treatment
- Monitoring transition process of discharging clients
- In-house CD assessments for Substance Use Disordered clients as needed.

Description of existing programs:

There were an estimated 348 clients discharged from ESH and WSH in 2003 with drug/alcohol disorders. A review of clients

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

discharged in 1996 found that few drug/alcohol clients received CD treatment either before their hospitalization or after discharge. In the past neither ESH nor WSH had CDPs on staff, although ESH now has some staff with CDP credentials and is providing some chemical dependency treatment to patients during their time in the institution. ESH has also funded a half-time position to assist clients in establishing eligibility for publicly funded CD treatment upon discharge. Currently all discharge planning is done using hospital staff.

Without CD treatment after discharge, many of these clients will destabilize and consequently get either arrested and jailed, or detained and re-committed. Studies at Pioneer Center North, one of the DASA programs providing long-term involuntary treatment, found that when individuals with co-occurring disorders get CD treatment, their subsequent use of crisis services is greatly reduced. The state hospital discharge process is an opportunity to get clients into that treatment.

Among the problems hospital discharge planners face are:

- lack of background in CD and CD treatment;
- inadequate information about community CD resources and admission requirements;
- difficulty in establishing client eligibility pre-discharge; and
- inability to obtain in-house CD assessment establish the need for and level of community treatment.

Through contracts with counties and tribes, DASA provides a wide array of intensive outpatient and outpatient services tailored to meet the needs of individual clients. By placing CDPs in ESH and WSH, the state hospital system will substantially increase its capacity to ensure proper referral of clients to needed treatment services, thus reducing the inappropriate use of crisis services, re-hospitalization and incarceration.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal supports the DSHS/DASA 2006-2011 Strategic Plan:

DASA Strategic Plan goals to be met:

Goal 1: Protect vulnerable adults, children, and families.

The DASA Strategic Plan sets forth the following strategy in support of this goal:

Providing treatment for Co-Occurring Disorders-Support continued development of cross-agency collaboration for youth and adult populations with co-occurring disorders, including training, resources, education, research, and technical assistance.

Goal 3: Assure public safety and help build strong, healthy communities.

The DASA Strategic Plan sets forth the following strategy in support of this goal:

Supporting Cross Systems collaboration and Provision of Appropriate Services to Persons with Co-Occurring Psychiatric and Substance Abuse Disorders. Work collaboratively with the Mental Health Division to develop a comprehensive and coordinated policy framework and delivery system of care that can appropriately address the multiple, complex needs facing this population.

The proposal also meets several of the DSHS Strategic Goals Associated Priorities of Government (POG)

Goal A Improve Client Health and Safety
POG Priorities

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

* Improved security of Washington's vulnerable children and adults

* Improve safety of people and property

Goal B: Improve Client Self Sufficiency

Goal C: Improve accessibility and service integration

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G005	Number of state hospital patients placed in chemical dependency treatment facilities.	25.00%	25.00%
G006	Reduction in re-admission of patients with primary chemical diagnosis	15.00%	15.00%

Reason for change:

The staff at ESH and WSH generally do not have the training or familiarity with community resources available to them to coordinate discharge planning and placement of clients with drug/alcohol disorders. ESH has made some strides in this direction but additional resources are needed to impact discharge and transition planning. Research by MHD and DASA found that 25% of discharged clients had either COD or drug/alcohol disorders and very few received CD treatment either before admission or upon discharge. Hospital staff coordinating discharges report frustration with obtaining timely access to assessment and appropriate CD resources in the community.

DASA is requesting funding to add CDPs at state hospitals to expand capacity to coordinate the transition of these clients with drug/alcohol disorders into a range of community CD treatment resources. It is anticipated that CDPs can offer consultation to hospital staff regarding addictions and treatment, and can use their credentials and familiarity with the CD system to get drug/alcohol clients into the community treatment they need to prevent future over-use of crisis resources including re-hospitalization, emergency rooms, and law enforcement.

Impact on clients and services:

The mental health and CD fields have long recognized that a significant number of state hospital clients have drug/alcohol disorders that go untreated both before, during and subsequent to their stay at the hospital.

DASA proposes to provide 3.5 FTEs to coordinate discharge and transition planning for clients with drug/alcohol disorders. These CDPs would work as part of the discharge planning process to find community CD resources and make sure that the client is prepared at discharge to immediately enter into an appropriate level of treatment. To accomplish this, they may need to assess the client and determine the degree of impairment and the corresponding level of community treatment needed to keep the substance use problem from destabilizing the client's recovery. Since these CDPs would be employees of a certified community CD treatment provider, their assessment could be used by the agency that is accepting the client at discharge. The CDPs would also be available to work with hospital staff to consult on treatment planning with COD and drug/alcohol disordered patients. Both patients and hospital staff could see changes in services and available resources.

- It may be clear soon after admission that a patient is more appropriate for an involuntary CD treatment program than the state hospital. Working with the county chemical dependency specialists, CDPs could assess and facilitate transfer to involuntary CD treatment, thus reducing the length of stay and insuring that the patient is discharged directly into appropriate treatment rather than posing a threat to the community.

- The hospital would be able to discharge clients to community resources more quickly, thus reducing the length of stay (LOS) due to lack of suitable placement.

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

- Treatment staff would be able to use the CDPs for consultation regarding triage, assessment and treatment of those clients with COD and drug/alcohol only, thus improving outcomes and reducing LOS.

- As hospital mental health clinicians increase their familiarity with CD treatment, they become better at understanding the role of drug/alcohol disorders in the client's treatment and can address these issues in the hospital or by referring to appropriate community CD resources upon discharge. As a result, patients will be more stable in the community and less likely to be recommitted.

Impact on other state programs:

It is anticipated that the hospital CDPs would have some immediate impact upon the availability of involuntary treatment beds, long-term residential treatment, specialized co-occurring disorder programs and other treatment resources due to the number of referrals they would be making. DASA may experience some reductions in demand for crisis detoxification services as more patients utilize CD treatment upon discharge from the hospital. DASA will be evaluating admissions policy in the event that this decision package and other proposals are funded.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Impact of Option #1 on Discharge and Transition Planning DSHS and the Washington Association of Counties convened a Cross System Crisis Response Task Force with representatives from all facets of the crisis response community. The taskforce recognized that some chemically dependent clients cycle in and out of jails and community and state psychiatric facilities due to their inability to get into chemical dependency treatment. The discharge process is an opportunity to break this cycle by getting the client into the treatment they need to maintain stability in the community. Doing nothing to enhance CD Discharge and Transition Planning diminishes our ability to reduce lengths of stay in state hospitals, removes an opportunity to decrease over utilization of medical and crisis response services and increases the chance that the discharged client will need to be re-admitted.

Alternative Option #2 have the current hospital staff secure CD treatment for those with substance use disorders. The current staff at state hospitals are skilled mental health clinicians working with some of the most difficult clients in the state. Although ESH is making efforts, the state hospitals do not generally have the level of staffing or connection to community resources to provide either internal consultation to hospital staff on CD issues or maintain connections with the CD treatment community. Many hospital staff still look at drug/alcohol involved clients from a traditional mental health vantage point and historically have not been able to prioritize the chemical dependency needs of clients. Studies of clients discharged from the state hospitals in 1996 showed that there was little evidence to suggest that even the clients with only a diagnosis of drug/alcohol disorders were referred to CD treatment on discharge. Bringing in CDPs from the community will maintain their connection with community CD resources and allow them to retain a CD perspective that can assist hospital staff in better treating and discharging clients with substance use disorders.

Alternative Option #3 Use outside trainings to teach existing staff about CD treatment and referral. While trainings are useful and can expand the knowledge base of hospital staff, they are not enough. The state hospitals are large institutions and many of the staff working in that environment for most of their careers. It is frequently a challenge for staff to think outside of their institutional experience.

Budget impacts in future biennia:

Department of Social and Health Services

DP Code/Title: PL-GD CSCI - CDPs in State Hospitals
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Continuation of the program to fund 5.0 contracted CDPs would require \$0.5 million per biennium. No further expansion is anticipated at this time.

Distinction between one-time and ongoing costs:

Costs for services would be ongoing.

Space would need to be provided in both hospitals to house CDPs. The CDPs would need to have background checks, phones, computers, training, and work supplies provided to them by the host agency.

Effects of non-funding:

The CD discharge planning positions present an opportunity to move clients more quickly out of state hospital beds to less expensive community CD resources. By effectively getting clients to CD treatment, these positions will achieve savings in reduced health care, emergency services, criminal justice and re-hospitalization costs at both state and community psychiatric hospitals. Non-funding would miss these opportunities and result in a continued drain on community resources as clients cycle in and out of jail, emergency rooms and state hospitals.

Expenditure Calculations and Assumptions:

Funding is requested to contract with 5 CDPs at \$55,000 per year to coordinate placement of clients needing CD treatment upon discharge from the State Hospitals.

See attachment - DASA PL-GD CDPs in State Hospitals.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	275,000	275,000	550,000

<u>DSHS Source Code Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding				
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	275,000	275,000	550,000
Total for Fund 001-1		275,000	275,000	550,000
Total Overall Funding		275,000	275,000	550,000

2005-07 Biennium PL-GD CDPs in State Hospitals

Division of Alcohol and Substance Abuse

	Number of CDPs	Unit Cost	FY06	FY07	2005-07
Eastern State Hospital	2	55,000	110,000	110,000	220,000
Western State Hospital	3	55,000	165,000	165,000	330,000
TOTAL			\$ 275,000	\$ 275,000	\$ 550,000
GF-S			\$ 275,000	\$ 275,000	\$ 550,000

FTE Distribution for CDPs

	ESH CDPs	WSH CDPs
Discharge review under SB 6358:	0.5	1.0
Discharge Planning & Transition:	1.5	2.0
TOTAL	2.0	3.0

Chemical Dependency Professionals (CDP) will be contracted positions. The cost of each CDP includes salary, benefits, travel, training, and equipment.

Department of Social and Health Services

DP Code/Title: PL-GE CSCI - Secure Detox

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package is part of the Cross System Crisis Initiative and it proposes to pilot two secure detoxification facilities--one in an urban area and one in a suburban area. Current acute and sub acute detoxification centers do not have the capacity to assess, evaluate or detain individuals affected by alcohol and or other drugs. These facilities will provide immediate placement for persons detained under RCW 70.96A involuntary treatment laws. They would be unique from existing chemical dependency detoxification centers because they would commit persons for up to 14 days for better evaluation, assessment, and treatment. Current detoxification facilities cannot perform this function. This decision package is associated with the Cross System Crisis Initiative as the secured detoxification facilities located east and west of the state that County Designated Mental Health Professionals (CDMHPs) and County Designated Chemical Dependency Professional (CDCDs) would use when placing an individual in crisis in 72 hour detention or 14 day commitments.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	1,457,000	3,576,000	5,033,000
Total Cost	1,457,000	3,576,000	5,033,000

Staffing

Package Description:

This decision package establishes two secure chemical dependency detoxification pilot sites for adults who either are detained through RCW 71.05.150 and 210 or through RCW 70.96A.120 and 140. RCW 71.05 contains the mental health involuntary commitment law. RCW 70.96A contains the chemical dependency involuntary treatment law. This decision package directly supports the Department of Social and Health Services (DSHS) goal of having a combined crisis response system (this decision package is associated to the DASA Combined Crisis Response decision package). Therefore, the proposed detoxification facilities would fill a void for persons who are currently handled separately by the two systems.

In the current system, under RCW 71.05.150 and 210, if chemically dependent persons are referred to County Designated Mental Health Professionals (CDMHP), they are ultimately detained for 72 hours. Often times they are released because they do not meet 71.05.150 or 210 criteria for further detention. These persons often need to be detoxified and are combative, but cannot be placed in existing detoxification centers because they are not secure. The clients will leave once they stabilize, never receiving the needed treatment.

A second scenario is that chemically dependent persons (who are detained under RCW 71.05.150 and 210), are still too unstable to be released after 72 hours. Therefore, they are detained for an additional 14 and 90 days in the mental health hospital. They do not receive the needed treatment for chemical dependency and are often not referred for chemical dependency treatment upon release. These clients can often cycle through the mental health system via involuntary commitment for years.

The current RCW 70.96A.120 and 140 is not able to respond adequately to persons in crisis due to chemical dependency for a number of reasons. The main reason that the current law is not effective is the purpose for this decision package, is that there are no safe, immediate places for chemically dependent and combative persons to go. While the chemical dependency system has places for detoxification, they are not secure or able to enforce restraints.

The current non-secure detoxification facilities do not hold a client for a sufficient number of days. Due to the nature of chemical dependency, underlying issues from a person going through detoxification often are not apparent or clearly defined in only three days, the typical stay at detoxification facility. A longer period of time is needed to identify, assess, and begin to

Department of Social and Health Services

DP Code/Title: PL-GE CSCI - Secure Detox
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

treat chemically dependent persons. A longer period of time would also allow the CDCDs to make a better and more informed decision on whether a longer detention period of time is needed.

The evaluation will be designed to follow individuals who receive secure detoxification services to determine their subsequent impact on publicly-funded systems resulting from future detoxification episodes, arrests, inpatient psychiatric stays, and medical utilization (including emergency room use). They will also be tracked to determine if they enter substance abuse treatment, outpatient mental health services, become employed, receive financial assistance, or become deceased. Costs associated with impacts on publicly-funded systems will be calculated as part of the evaluation. All outcomes will be tracked using existing administrative data sets.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package ties in with the DSHS goal of having a combined crisis response system.

This proposal addresses the following Washington State Priorities of Government:

- Improve the quality and productivity of the workforce
- Improve the health of Washington citizens
- Improve the security of Washington's vulnerable children and adults
- Improve the safety of people and property

This proposal also addresses the Department of Social and Health Services DASA's Strategic Plan 2006-2011:

Goal 1 Protect vulnerable adults, children, and families
objectives.

- Preserve the safety net for those least able to support themselves or get support from others.
- Assure vulnerable individuals are identified and receive the full range and scope of care they need.

Strategies:

- Assessing need for treatment
- Supporting adult residential
- Providing treatment for co-occurring disorders

Goal 2 Break down barriers to self sufficiency
objectives.

- Connect people who can work to the services and supports they need to become economically independent.
- Reduce dependency on publicly funded services and aid
- Support programs and services that allow individuals who do not pose a threat to themselves or others to live in their communities and achieve optimum independence.

Strategies:

- Assessing Treatment Outcomes
- Responding to the Olmstead Decision

Goal 3 Assure public safety and help build strong, healthy communities.

Objectives:

- Be a good neighbor, concerned about the health and safety of communities across the state.
- Have protections and safeguards in place to protect the public from dangerous behaviors.

Department of Social and Health Services

DP Code/Title: PL-GE CSCI - Secure Detox
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Strategies:

Supporting cross systems collaboration and provision of appropriate services to persons with co-occurring psychiatric and substance abuse.

Helping drug-affected families

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G003 Evaluation & Treatment Facilities/Community Psychiatric
Hospitals

25.00%

25.00%

G004 Admissions to Chemical Dependency Treatment

20.00%

20.00%

Reason for change:

The problem that is being addressed in this change is that there are no safe, immediate places for chemically dependent, combative individuals to go when they are in crisis. When individuals are gravely disabled due to alcohol or other drugs and become a danger to themselves and others, they are often referred to mental health agencies, which cannot adequately address their chemical dependency issues. As soon as the individual is out of the immediate crisis, mental health agencies can not retain them in treatment, thereby creating a vicious cycle of non-treatment for the client.

An exacerbation of this problem is that initial responders in the current mental health crisis response system, are often reluctant to detain chemically dependent persons because they know there is no immediate place for them to go. And because the current crisis response system allows chemically dependent persons to be released within 72 hours, this does not provide the CDCDSs or the CDMHPs with enough time to make a proper diagnosis of the chemical dependency problem or an informed decision about whether additional detention or treatment time is needed.

The secure detox facility will provide both the needed security and care for those individuals that cannot be successfully treated in an unsecured facility.

Impact on clients and services:

The impact of this change on individuals in crisis, and the impact on services will be that persons who meet the RCW 70.96A.120 or 140 criteria for involuntary chemical dependency treatment will have an increased opportunity to receive appropriate treatment. This in turn will create more appropriate use of existing services. Further, because secure detoxification centers will have a chemical dependency focus and expertise, persons who need immediate detoxification and/or have complications from detoxification will be able to receive the needed treatment during their detention. There could be more chemically dependent people being detained by initial responders and for a longer period. Additionally, there will also be an increase in the number of people who are able to access chemical dependency treatment if additional treatment capacity is funded. A number of people who are currently homeless, incarcerated or misrouted to other systems will probably be able to receive much needed chemical dependency treatment.

Impact on other state programs:

Three primary systems that may be impacted by the establishment of two secure detoxification centers are the mental health system, the criminal justice system and the medical (public health) system. The mental health system currently detains and provides services to a number of chemically dependent persons who are too acute to be released after a three day hold, but either have the co-occurring (chemical dependency/mental health) or a primary chemical dependency problem.

The criminal justice system will be impacted because there are now waiting lists or criteria for entry and a number of persons who are in jails and prisons are there due to untreated chemical dependency problems. Similarly, persons who do not get

Department of Social and Health Services

DP Code/Title: PL-GE CSCI - Secure Detox
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

adequate treatment end up hurting themselves and others through fights, car accidents, work accidents and poor medical health. An additional system that may be impacted, may be children's services due to the impact that untreated chemical dependency persons have on children under their charge.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

The establishment of the secure detoxification system would mean changes to RCW 70.96W.120 and 70.96A.140 since the current law only provides a three-day hold period before a person is either released or sent to 60 day involuntary treatment. The mental health RCW 71.05.150 and 210 would also have to be changed so that during the three day detention, Evaluation and Treatment facilities would have the new option of sending a person to the secure detoxification centers for up to 14 days.

Alternatives explored by agency:

Other options that were considered included placing individuals in regular detoxification centers. However those facilities are also limited and do not hold clients long enough and often do not refer clients on to chemical dependency treatment following detoxification. We also tried to place 72 hour holds in regular treatment facilities, but CDMHPs and CDCDSs were not able to effectively use the system due to many non-funded requirements. The option being put forth on this decision package is the best option because it addresses the need for a longer period of time to assess the client's needs and to begin to treat the symptoms of withdrawal.

Budget impacts in future biennia:

The costs associated with this treatment option would continue in future biennia.

Distinction between one-time and ongoing costs:

With the exception of the cost for renovations, all other costs are on-going.

Effects of non-funding:

The numbers of persons who are chemically dependent are increasing. The population is getting older and with that, chemical dependent clients are getting more chronically affected and medically involved. Not funding this decision package will negatively impact thousands of people each year who are rejected by the current crisis response system, which is focused on mental health issues not chemical dependency. Chemically dependent people do not get referred to treatment under the chemical dependency involuntary treatment law, RCW 70.96.A, because it is unfunded. There is no place for these people to go so they will end up being treated in much more expensive systems such as in hospital emergency rooms, jails, prisons, and mental health hospitals which operate on a much higher daily rate.

Expenditure Calculations and Assumptions:

In order for this treatment option to be successful, additional facilities must be procured. Existing buildings, if feasible, would need to be retrofitted with video monitoring equipment, other security upgrades, and secure holding cells in order to function as a secure detoxification facility.

Funding is also requested for counsel fees for commitments, secure transportation, and two sixteen bed facilities.

See attachment DASA PL-GE CSCI - Secure Detox.xls

Department of Social and Health Services

DP Code/Title: PL-GE CSCI - Secure Detox
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	75,000	150,000	225,000
N Grants, Benefits & Client Services	1,382,000	3,426,000	4,808,000
Total Objects	1,457,000	3,576,000	5,033,000

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	1,457,000	3,576,000	5,033,000
Total for Fund 001-1	1,457,000	3,576,000	5,033,000
Total Overall Funding	1,457,000	3,576,000	5,033,000

2005-07 Biennium
PL-GE CSCI - Secure Detox

Division of Alcohol and Substance Abuse

	Fiscal Year 2006			Fiscal Year 2007			Total 2005-07
	Beds	Cost/ Day	TOTAL	Beds	Cost/ Day	TOTAL	
Start-up Costs for 2 Facilities			700,000				700,000
Evaluation			75,000			150,000	225,000
Prosecutor/Assigned Counsel for Commitments			90,000			90,000	180,000
Transportation			104,000			416,000	520,000
Secure Detox Facility - West	8	\$ 250	244,000	16	250	1,460,000	1,704,000
Secure Detox Facility - East	8	\$ 250	244,000	16	250	1,460,000	1,704,000
Total			\$1,457,000			\$3,576,000	\$5,033,000
GF-S			1,457,000			3,576,000	5,033,000
GF-F			0			0	0
Total			\$ 1,457,000			\$ 3,576,000	\$ 5,033,000

Start date for detox services is March 1, 2006.

Beds are phased in 8 in the 1st year and full implementation in the 2nd year

Department of Social and Health Services

DP Code/Title: PL-GG Mentoring Program / with ESA

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The purpose of the decision package is to implement a mentoring project in two local WorkFirst service areas to demonstrate the impacts of: A) providing positive, supportive mentor relationships with an adult for children in poverty and B) effective communication between agencies specifically directed toward meeting the mentoring needs of mutual clients. The focus population for this initiative will be children in Grades 4-8 whose families receive WorkFirst support, particularly those who have at least one family member who is receiving or has received substance abuse treatment services through local Division of Alcohol and Substance Abuse (DASA) contractors. Children participating in this program will experience: increased school academic performance, increased school attendance, decreased violent or aggressive behavior, increased coping and stress management skills, and increased ability to function better within their family or their out-of-home placement situations.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	173,000	323,000	496,000
Total Cost	173,000	323,000	496,000

Staffing

Package Description:

In a July 2004 study, the Washington State Institute for Public Policy (WSIPP) recommended that state agencies provide financial support only to prevention programs whose results are supported by research. The same report points to mentoring as a prevention strategy supported by research and shows that some mentoring programs have benefits for youth of at least \$3.58 for each prevention dollar spent.

There currently are no mentoring support services available through Economic Services Administration (ESA) for children of families participating in WorkFirst, children who clearly are among the most vulnerable in the state. Yet, research suggests that providing mentoring and other support services can decrease many of the impacts of poverty on children and can increase their overall life functioning.

ESA participates in two efforts that increase the likelihood of success for clients in their system:

Coordinated Service Initiative - ESA and other Department of Social and Health Services (DSHS) agencies meet to coordinate services for individuals who have been unsuccessful due to a range of causes. A key contributor to lack of success is the client's concern about his/her children. Provision of mentoring services to children of parents involved with a Coordinated Service Plan may allay some concerns and increase the chances of the parent being successful.

Kinship Care - Instead of placing children with foster parents, the children instead are placed with relatives. A June 2002 Washington Institute for Public Policy report, Kinship Care in Washington State: Prevalence, Policy, and Needs, found that 33 percent of all out-of-home placements in Washington State were with relatives (12th highest percentage among all states) and that more than 40 percent of kinship care providers are in poverty as compared with 20 percent of all parents. Mentoring services provided to children in kinship care could help provide support for continuing education and for academic success. Through this project, these services would be cost-free for kinship care providers.

The focus population for this initiative will be children in Grades 4-8 whose families receive WorkFirst support, particularly those who have at least one family member who is receiving or has received substance abuse treatment services through local DASA contractors.

The primary local referral source for the program will be a work group comprised of WorkFirst case workers, chemical

Department of Social and Health Services

DP Code/Title: PL-GG Mentoring Program / with ESA
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

dependency counselors who have WorkFirst participants as clients, and social workers from Child Protective Services and/or Child Welfare Services.

Community-based mentoring programs like Big Brothers/Big Sisters will provide the mentoring services under contract with WorkFirst, following receipt of referrals from the local work group. Mentoring contractors will be required to meet the elements of effective practice for mentoring. Changes in student outcomes and attitudes will be tracked using an existing statewide data collection system.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This initiative meets each of the DASA three core performance measures for the 2004-2009 planning period: Protect Vulnerable Adults, Children & Families, Break Down Barriers to Self-sufficiency, and Assure Public Safety and Help Build Strong, Healthy Communities. Providing mentoring services to the children in the identified focus population directly supports 7 of the 10 Washington State Priorities of Government. This proposal aligns well with two primary goals in the DSHS 2006-2011 Strategic Plan: Improve health and safety of communities and clients and improve accessibility and service integration.

Performance Measure Detail

Agency Level

Activity: G008 Chemical Dependency Prevention Services

Outcome Measures

G008 Number of Youth Mentored

G009 Numbers of Mentored Recruited

Incremental Changes

FY 1

FY 2

50.00

50.00

50.00

50.00

Reason for change:

Mentoring is a key tool for establishing supportive, positive adult relationships and for reversing the current statistics that show children in foster care being substantially more likely to engage in substance abuse behavior. Presently, there are no preventive services focused specifically on the children of ESA service recipients. Most children in WorkFirst families live in single-parent households. Mentoring has been especially effective with this population.

According to tightly controlled research, mentoring participants are less likely to use alcohol, tobacco, and other drugs, are less likely to skip school and are more confident in schoolwork performance, are less likely to show violent or antisocial behavior, and are better able to get along with families.

Impact on clients and services:

Research shows mentoring is an effective strategy for supporting youth that results in a transformation as productive workers, responsible family members, and conscientious citizens.

Impact on other state programs:

It is anticipated that a mentoring program for children in foster care will have several measurable psychological and behavioral outcomes. Short-term outcomes for mentoring include better school performance, better school attendance, and fewer school discipline referrals. There is a direct benefit for schools attended by children in foster care who are receiving mentoring services.

Additionally, mentoring participants develop better communication skills enabling them to function better within their birth family or foster family structure. This has positive implications for social service agencies, law enforcement, and schools.

Department of Social and Health Services

DP Code/Title: PL-GG Mentoring Program / with ESA
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

Potential alternatives include establishing a one-site pilot test of mentoring for children in foster care. However, this is felt to be too small of a scale to judge projected outcomes.

Another alternative is a full-scale statewide implementation of mentoring services for children in foster care. This option is dismissed as too costly without knowing the impact of the program or evaluating the overall success of the program based on the projected outcomes.

A pilot mentoring project in two WorkFirst services areas is the best option currently. This will allow DASA and ESA to better gauge projected outcomes and make program modifications, if necessary, before implementing on a statewide program. The funding for this initiative includes all program costs, including transportation costs of the children and all activity costs, which will eliminate many of the barriers that currently exist for mentoring programs.

Budget impacts in future biennia:

Expenses are expected to double in the 2007-2009 Biennium as two more mentoring sites are added.

Distinction between one-time and ongoing costs:

All costs are on-going.

Effects of non-funding:

Many times, the children in families served by WorkFirst do not participate in voluntary prevention activities because of concerns over costs, transportation, and expectations of parental involvement. If this proposal is not funded, that will continue to be the case.

Expenditure Calculations and Assumptions:

This initiative includes all costs associated with the mentoring program, including site coordinator salaries and benefits, transportation, activity costs, equipment, supplies, supervision, travel, and communication costs. Further, the cost of an annual evaluation, designed to assess projected outcomes and successes, is also included in the cost.

The initial program will be extended to 50 children in Fiscal Year 2006 and 100 children in Fiscal Year 2007.

See attachment DASA PL-GG Mentoring Program / with ESA.xls

Department of Social and Health Services

DP Code/Title: PL-GG Mentoring Program / with ESA
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	23,000	23,000	46,000
N Grants, Benefits & Client Services	150,000	300,000	450,000
Total Objects	173,000	323,000	496,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	173,000	323,000	496,000
Total for Fund 001-1	173,000	323,000	496,000
Total Overall Funding	173,000	323,000	496,000

2005-07 Biennium
PL-GG Mentoring Program / with ESA

Division of Alcohol and Substance Abuse

	FY06			FY07			TOTAL
	Cost per		TOTAL	Cost per		TOTAL	2005-07
	Children	Child		Children	Child		
Youth Matches	50	\$ 3,000	150,000	100	\$ 3,000	300,000	450,000
Evaluation			23,000			23,000	46,000
TOTAL - ALL GF-S			\$ 173,000			\$ 323,000	\$ 496,000

Department of Social and Health Services

DP Code/Title: PL-GJ Native American Encounter Rate

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The purpose of this decision package is to reimburse Indian Health Service facilities that provide chemical dependency treatment services to non-natives Medicaid eligible clients by providing a state match to federal dollars received from the federal Centers for Medicare and Medicaid Service (CMS).

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	1,945,000	1,945,000	3,890,000
Total Cost	1,945,000	1,945,000	3,890,000

Staffing

Package Description:

Section 1911(b) of the Social Security Act authorizes the U.S. Department of Health and Human Services (HHS) to enter into agreements with state Medicaid agencies for the purpose of reimbursing such agencies for health care and services provided through Indian Health Services (IHS) facilities to American Indian/Alaska Native (AI/AN) clients receiving Medicaid services. Section 1905(b) requires HHS to pay participating entities 100 percent of the Medicaid expenses for services received through an IHS facility.

The IHS payment rate for American Indian or Alaska Native clients receiving services in IHS facilities is known as the Encounter Rate. It is a per-diem rate paid each day the client is treated, regardless of the number of procedures performed or the numbers of providers seen. For services provided by the IHS or the 638 tribal facilities, the current encounter rate, which is established by federal HHS Indian Health Services, is \$216 per encounter.

In previous rulings, CMS has told the state that the Department of Social and Health Services (DSHS) cannot restrict tribal facilities from providing services to non-native medicaid eligible fee-for-service (FFS) clients. However, these services are only reimbursed at 50 percent by the Federal government since the 100 percent reimbursement rate only applies to services provide to AI/AN in IHS facilities. DSHS has decided to not turn away non-natives who are Medicaid eligible; therefore, the burden of covering the unreimbursable amount is placed on DASA. Tribal facilities are paid the federal match (i.e., \$108 per encounter) amount for chemical dependency services provided to non-native Medicaid eligible clients.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package will support the DSHS Strategic Plan of improving accessibility and service integration as follows:

Increase the number of children and adults served under joint mental health treatment plans by developing protocols and reducing administrative barriers.

Provide integrated health care to persons needing services from multiple systems such as long-term care, mental health, chemical dependency treatment, or preventive health care.

Improve management of high utilizers of health care services by creating a 24-hour triage point at large hospital emergency rooms and strengthening cross-program service models.

Department of Social and Health Services

DP Code/Title: PL-GJ Native American Encounter Rate

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: G015 Community Based Drug and Alcohol Treatment Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G018 Number of Medicaid Eligible Non-Natives served at Tribal Facilities

57.00

57.00

Reason for change:

1. CMS requires states to match their funds for services provided to non-natives in IHS and Tribal Facilities.
2. It is DSHS policy to comply with all federal requirements.
3. This mandate places an additional burden on DASA to absorb the additional 50 percent match, estimated at \$1.9 million annually.

Impact on clients and services:

Existing services levels will continue for Medicaid-eligible non-natives at IHS or tribal facilities. Receipt of the additional funds will ensure that this population sector can continue to be served without affecting other DASA services or clients.

Impact on other state programs:

None

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

Alternatives explored to match federal funds for services provided to non AI/AN seeking service at an IHS or tribal facility are:

Discontinue providing services to Medicaid eligible non-natives because it is cost-prohibitive. However, this conflicts with current DSHS policy to serve these clients, regardless of the fiscal impact.

Continue providing services to Medicaid eligible non-natives at IHS or tribal facilities but have the Indian tribal nations provide the additional 50 percent match. This would not be in compliance with CMS requirements that states must match their funds for services provided to Medicaid eligible non-natives in IHS or tribal facilities.

Continue providing services to non-natives at IHS or tribal facilities but have DASA provide the additional 50 percent match. Without additional funds, DASA will have to reprioritize existing services and programs to cover the state match. This option is not feasible given the current demand for services.

Department of Social and Health Services

DP Code/Title: PL-GJ Native American Encounter Rate
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Budget impacts in future biennia:

Costs will increase in the ensuing biennium.

Distinction between one-time and ongoing costs:

All costs are on-going.

Effects of non-funding:

Since CMS requires the state to match the federal encounter rate for non-natives at 50 percent, it impacts how clients can access services because additional funds will have to come from other programs to support this requirement.

Expenditure Calculations and Assumptions:

Assumptions: In State Fiscal Year 2003, the Tribes served an estimated 7,760 clients of which 543 (seven percent) have a substance abuse problem.

The average length of stay for outpatient services is approximately 158 days.

The encounter rate is \$216.00 per day, of which \$108.00 per day would be state funds.

This request assumes a phased-in approach with 21 percent being served in Fiscal Year 2006 and Fiscal Year 2007.

This proposal assumes IHS & Tribal Facilities can be limited to serving 21 percent of non-natives needing chemical dependency treatment.

See attachment DASA PL-GJ Native American Encounter Rate.xls

<u>Object Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding				
N	Grants, Benefits & Client Services	1,945,000	1,945,000	3,890,000
<u>DSHS Source Code Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding				
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	1,945,000	1,945,000	3,890,000
Total for Fund 001-1		1,945,000	1,945,000	3,890,000
Total Overall Funding		1,945,000	1,945,000	3,890,000

2005-07 Biennium

PL-GJ Native American Encounter Rate

Division of Alcohol and Substance Abuse

Total State Match Cost for Serving Non-Natives

State Fiscal Year 2003 - Estimated number of Medicaid non-native clients served	7,760
Percent of clients in need of substance abuse services	7.0%
The number of clients that need substance abuse services	543 clients
Assume a phase in-approach with 21% being served in FY06 & FY07 <i>This assumes DASA can limit (cap) the number of clients served to 21%</i>	114 clients
Average length of stay for outpatient treatment services in days	158 days
Encounter rate per day	216 per day
Estimated Cost Per Client	\$ 34,128
Total Cost for Serving 21 percent of Non-Natives (Medicaid)	\$ 3,890,592
Total State Match Cost for Serving 21percent of Medicaid Non-Natives	\$ 1,945,296

	Fiscal Year 2006	Fiscal Year 2007	2005-2007
To serve 21percent of non-natives Fiscal Years 2006 and 2007			
General Fund - State	\$ 1,945,000	\$ 1,945,000	\$ 3,890,000

Assumptions: In State Fiscal Year 2003, Medical Assistance Administration (MAA) served an estimated 7,760 clients, of which 7 percent were for substance abuse services. Based on the information provided by MAA 543 clients are substance abusers. The average length of stay for outpatient services is approximately 158 days. The budget request assumes a phase in approach with 21 percent being served in Fiscal Years 2006 and 2007.

Department of Social and Health Services

DP Code/Title: PL-GL CSCI - Cross Sys Crisis Initiative
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

The purpose of this decision package is to develop a comprehensive crisis response and involuntary treatment system for persons with chemical dependency (CD) in order to reduce inappropriate use of more expensive, and less effective, psychiatric, medical, and/or criminal justice services.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	4,965,000	12,048,000	17,013,000
Total Cost	4,965,000	12,048,000	17,013,000

Staffing

Package Description:

This decision package proposes removing restrictions on existing CD involuntary detention/commitment laws, integrating initial crisis response system into a generic law, and funding needed services to adequately serve the demand for crisis response, detention and involuntary commitment (including voluntary stipulation cases) in order to avoid use of less appropriate and more expensive services. This proposal will require changes to RCW 70.96A.120 and 140, and RCW 71.05.150(2) and 71.05.210 to eliminate references to initial crisis response and detention, which are currently not synchronous with each other. A new statute will be needed to implement a single system for initial crisis response and detention.

This decision package is linked to and dependent on the following four decision packages: CSCI Initial Crisis Responders, CSCI Chemical Dependency Professionals (CDPs) in State Hospitals, CSCI - Secure Detox; CSCI - CD Intensive Case Management.

In current experience, people from all walks of life and in diverse stages of crisis rely on help from public mental health professionals, law enforcement personnel, hospital emergency rooms, chemical detoxification facilities, and other first responders. They are demographically varied, and include those who are gravely disabled or ill, others who are disturbed or violent or disenfranchised, and those in the midst of a psychotic episode or who have traumatic brain injury. Still others are in crisis because of alcohol or drug toxicity. Sometimes the issue is "situational" or a newly identified problem, and other times there are individuals with chronic and untreated challenges. Often, the underlying cause of the crisis is not immediately identifiable, and there may be multiple causes for any given crisis.

Users of crisis response services experience chaotic, fragmented and disorganized care during times of crisis. There is lack of legal clarity regarding who can be involuntarily detained as dangers to themselves or others, and where they can be detained or referred. The lack of resources for holding individuals during the initial stage of crisis makes it more difficult to protect individuals, families, and communities from harm, and makes it even more difficult for individuals in crisis to receive diagnosis and referrals to appropriate facilities to prevent crisis reoccurrence. There are a variety of "first responders" but there is no connection or coordination between them. Consumers, professionals, and elected officials agree that hospitals and jails are not only over-utilized, they are costly and often inappropriate. Once a screening or assessment is made, available resources to treatment CD patients are overtaxed, making it extremely difficult for patients to access needed treatment. Finally, many clients who are referred to and receive treatment often have difficulty in maintaining enough stability to access needed followup chemical dependency and medical care.

The Division of Alcohol and Substance Abuse (DASA) is proposing a series of decision packages that would begin reforming the way clients with CD are treated in crisis. The four packages address the need for changing the system of crisis response

Department of Social and Health Services

DP Code/Title: PL-GL CSCI - Cross Sys Crisis Initiative

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

and providing more appropriate resources to deal with the crises and resolve the issues that created them.

The four packages include:

- Initial Combined Crisis Response
- Secure Detoxification for Adults
- Chemical Dependency Professionals in State Hospitals
- Pilot Programs for Chemical Dependency Case Managers

Historically, the system for responding to CD patients in crisis has never fulfilled its potential to save lives and scarce resources. Unlike the mental health crisis response system, CD crisis response is not funded for around-the-clock services. CD programs have not been built with the security needed to contain clients under the influence of alcohol or other drugs and showing aggressive, self-destructive, or bizarre behaviors. Instead, these clients go to emergency rooms, community and state psychiatric facilities, or jails.

Over the last year, the Department of Social and Health Services (DSHS) and the Washington Association of Counties jointly convened a task force to look at improving the system providing cross system crisis response. This task force released their report in June 2004, and the DASA decision packages echo many of their recommendations.

The Combined Crisis Response Decision Package would improve the effectiveness of the current crisis system by making changes in the involuntary treatment statutes and adding resources to triage, assess, and treat clients with chemical dependency.

As part of the resources needed to divert clients from expensive emergency psychiatric facilities, the Secure Detoxification Decision Package would pilot two facilities that could detoxify behaviorally disturbed clients at a much reduced cost per day than the bed rate at community psychiatric facility or state hospital. Currently, initial responders in the crisis response system, are often reluctant to detain chemically dependent persons because they know there is no immediate place for them to go, and that they will be in a position of having to release them (within a maximum of 72 hours,) without being able to immediately and appropriately address the identified chemical dependency problem. Many individuals in crisis who are gravely disabled due to alcohol or other drugs end up in the Mental Health crisis response systems inappropriately. Setting up secure detoxification facilities will provide an appropriate place for chemical dependent persons in crisis to be referred, thus obviating the need for the use of inappropriate (and more expensive) psychiatric facilities.

Clients who are high utilizers of crisis services often do not get the chemical dependency treatment or medical services they need to achieve or maintain stability, and subsequently lower, or eliminate, their utilization of expensive medical, crisis, and psychiatric hospitalization resources. The CD Case Management Pilots would demonstrate in two sites how case managers can advocate for these most difficult clients to get the resources they need in order to break the cycle of moving from one crisis to another.

The CDP in the state hospitals decision package would add CDPs at both Western State Hospital (WSH) and Eastern State Hospital (ESH) to ensure that these patients have access to needed chemical dependency treatment upon discharge. Research by DASA and the Mental Health Division (MHD) has shown that in 1996, 25 percent of clients discharged from ESH and WSH had co-occurring mental illness and drug/alcohol diagnoses (COD) or drug/alcohol diagnoses only; 9 percent had drug/alcohol diagnoses only. There were an estimated 348 clients discharged from ESH and WSH in 2003 with drug/alcohol disorders. Despite the existence of the drug/alcohol diagnoses, there is little evidence that either the COD or drug/alcohol diagnosed clients received chemical dependency treatment either in the year prior to hospitalization, during hospitalization, or in the five years subsequent to release. Placing CDPs in state psychiatric hospitals would support transition to the use of community-based CD resources, thus breaking the cycle that brings on repeated crises.

These four proposals are cost-effective, research-based steps towards improving the crisis system. The proposals will result in substantial savings to state and local governments while increasing the safety of our communities. Most importantly, the proposals will work to decrease the misery of those citizens who are disabled by their CD and live crisis-to-crisis with

Department of Social and Health Services

DP Code/Title: PL-GL CSCI - Cross Sys Crisis Initiative
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

increased risk of injury or death.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal addresses the following Washington State Priorities of Government:

Improve the health of Washington citizens
Improve the security of Washington's vulnerable children and adults
Improve the safety of people and property

This proposal also addresses the Department of Social and Health Services Strategic Plan:

Goal A: Improve health and safety of communities and clients.

Objective 1: Improve the safety of vulnerable children and adults.

Objective 2: Improve the health of clients who need medical, mental, or chemical dependency treatment services.

Objective 3: Reduce recidivism and risks that threaten public safety.

Goal C: Improve accessibility and service integration.

Objective 2: Provide integrated services and coordination case management.

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

Outcome Measures

		Incremental Changes	
		<u>FY 1</u>	<u>FY 2</u>
G003	Evaluation & Treatment Facilities/Community Psychiatric Hospitals	0.00%	0.00%
G004	Admissions to Chemical Dependency Treatment	0.00%	0.00%
G005	Number of state hospital patients placed in chemical dependency treatment facilities.	0.00%	0.00%
G006	Reduction in re-admission of patients with primary chemical diagnosis	0.00%	0.00%
G007	Number of individuals served	0.00	0.00
G010	Reduction in homelessness	0.00%	0.00%
G011	Reduction in the use of detoxification services as a percentage of CD admissions	0.00%	0.00%
G012	Increase in number of clients receiving medical assistance	0.00%	0.00%

Reason for change:

By all accounts, the state's crisis response system is itself in crisis. The lack of a combined and seamless crisis response system, with the necessary resources to assess, detain, refer, and treat individuals in crisis, increases risks to public health and safety, and places extraordinary demands upon law enforcement, jails, and high-cost hospital emergency departments.

Impact on clients and services:

Department of Social and Health Services

DP Code/Title: PL-GL CSCI - Cross Sys Crisis Initiative
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Primary stakeholders affected by this proposal would include:

- Aging and Disability Services Administration
- Medical Assistance Administration
- Mental Health Division
- Division of Alcohol and Substance Abuse
- Regional Support Networks
- Community Mental Health Providers
- Community Substance Abuse Treatment Service Providers
- County Detoxification Centers
- Community Psychiatric Inpatient Providers
- Law Enforcement
- Court Systems
- Jails
- Hospital Emergency Departments
- Washington Advocates for the Mentally Ill

Impact on other state programs:

MHD and other administrations with CSCI proposals.

Relationship to capital budget:

Not applicable

Required changes to existing RCW, WAC, contract, or plan:

This proposal will require changes to RCW 70.96A.120 and 140, and RCW 71.05.150(2) and 71.05.210 to eliminate references to initial crisis response and detention, which are currently not synchronous with each other. A new statute will be needed to implement a single system for initial crisis response and detention.

Alternatives explored by agency:

Other options that were considered included placing individuals in regular detoxification centers. However, those facilities are also limited and do not hold clients long enough and often do not refer clients on to chemical dependency treatment following detoxification. We also tried to place 72 hour holds in regular treatment facilities, but CDMHPs and CDCDSs were not able to effectively use the system due to many non-funded requirements. The option being put forth in this decision package is the best option because it addresses the need for a longer period of time to assess the client's needs and to begin to treat the symptoms of withdrawal.

Budget impacts in future biennia:

All costs will be ongoing at Fiscal Year 2007 funding level, except for the start-up costs assumed in Fiscal Year 2006.

Distinction between one-time and ongoing costs:

Start-up costs are one-time only, all other costs are ongoing.

Effects of non-funding:

The numbers of individuals who are chemically dependent is increasing. The population is getting older and with that, chemical dependent clients are getting more chronically affected and medically involved. Not funding this decision package will negatively impact thousands of persons each year who experience a crisis. It will mean continuing increased costs as

Department of Social and Health Services

DP Code/Title: PL-GL CSCI - Cross Sys Crisis Initiative

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

individuals end up being inappropriately treated in hospital emergency rooms, jails, prisons, and psychiatric hospitals, and experience continuing crises that cause them to cycle through these systems repeatedly.

Expenditure Calculations and Assumptions:

Funding is requested for:

Case Management at 10 sites - Whatcom, Snohomish, King, Pierce, Thurston, Clark, Spokane, Benton/Franklin, Yakima, and Chelan/Douglas Counties.

Secure Detox Facilities - 6 sites - King, Pierce, Clark, Yakima, Spokane, and Kitsap Counties.

Involuntary Treatment Beds - 3 sites - Pierce, Clark and Yakima Counties.

See attachment DASA PL-GL CSCI - Cross Sys Crisis Initiative.xls

Object Detail

Overall Funding

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
E Goods And Services	75,000	270,000	345,000
N Grants, Benefits & Client Services	4,890,000	11,778,000	16,668,000

Total Objects	4,965,000	12,048,000	17,013,000
----------------------	------------------	-------------------	-------------------

DSHS Source Code Detail

Overall Funding

Fund 001-1, General Fund - Basic Account-State

Sources Title

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
0011 General Fund State	4,965,000	12,048,000	17,013,000

Total for Fund 001-1	4,965,000	12,048,000	17,013,000
-----------------------------	------------------	-------------------	-------------------

Total Overall Funding	4,965,000	12,048,000	17,013,000
------------------------------	------------------	-------------------	-------------------

2005-07 Biennium
PL-GL CSCI - Cross Sys Crisis Initiative

Division of Alcohol and Substance Abuse

	Unit	Cost	FY06	FY07	2005-07 TOTAL
CDP Semi Rural (Intensive Case Management)	1	55,000	55,000	55,000	110,000
CDP Urban (Intensive Case Management)	2	55,000	110,000	110,000	220,000
CDPs Eastern State Hospital	2		110,000	110,000	220,000
CDPs Western State Hospital	3		165,000	165,000	330,000
Start-up Costs for 6 Facilities			2,100,000	0	2,100,000
Prosecutor/Assigned Counsel			90,000	90,000	180,000
Secure Detox Facilities (2 Facilities)	16	250	488,000	2,920,000	3,408,000
Secure Detox Facilities (4 Facilities)	16	250	976,000	5,840,000	6,816,000
Involuntary Treatment Services Beds - East	16	128	250,000	749,000	999,000
Involuntary Treatment Services Beds - West	32	113	442,000	1,323,000	1,765,000
Transportation			104,000	416,000	520,000
Evaluation			75,000	270,000	345,000
TOTAL			4,965,000	12,048,000	17,013,000

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package is part of the Cross System Crisis Initiative (CSCI). Some chemically dependent individuals utilize tens to hundreds of thousands of dollars worth of crisis services each year. Many times they are not effectively treated and/or managed, so they end up in a revolving door of emergency room visits, hospitalization, jail, detoxification, and emergency services. Chemical Dependency Case Managers (CDCM) could help these individuals achieve and maintain stability by advocating for their needs and navigating access to community resources. The Division of Alcohol and Substance Abuse (DASA) proposes to pilot CDCMs in two sites, one suburban and one urban. A study would be conducted to determine the impact on service utilization.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	366,000	426,000	792,000
Total Cost	366,000	426,000	792,000

Staffing

Package Description:

The Cross System Crisis Response Task Force identified a group of patients who have a primary diagnosis of chemical dependency and are high utilizers of services in their community. These services include jails, emergency rooms, evaluation, community psychiatric clinics, state mental hospitals, detoxification programs, and emergency personnel including police, medics, fire, and ambulance services. These patients often have violent, aggressive or bizarre behaviors when under the influence of alcohol or other drugs and frequently must be detained or jailed in order to protect themselves and/or the community. These patients are difficult to get into treatment and have difficulty maintaining sobriety after discharge.

Studies of these patients in King and Clark Counties have shown the high cost of not treating and managing these individuals. In 1999, King County Mental Health and Chemical Dependency services did a study of the 36 individuals who had the largest number of admissions to Harborview Emergency Room and the Dutch Shisler Sobering Center. The total public costs, not including police time, ambulance services and medical inpatient costs, were over \$720,000, and averaged more than \$20,000 per-person, for 1999 alone. These clients are not able to achieve stability using the current crisis system and repeatedly use it until a meaningful intervention, or death, breaks the cycle.

These individuals often do not follow through with scheduled appointments for treatment or medical services and only engage the system in crisis. Voluntary and Involuntary Chemical Dependency Treatment can reduce use of crisis services and medical utilization, but case management is often necessary to get these patients eligible and admitted into treatment and maintain stability upon release.

Characteristics of the Population to be served:

- Multiple emergency room admissions in the year prior to service,
- Multiple detoxification or sobering center episodes,
- Some have co-occurring mental health problems, which for most will be secondary to their chemical dependency, but which may have resulted in admission to an evaluation and treatment facility or state psychiatric hospital,
- Health problems ,
- Previous Chemical Dependency (CD) Treatment admissions, many of them without completion,
- Unsuccessful attempts at accessing community services,
- Homeless, and
- Previous arrests and convictions.

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Who would be eligible?:

Chemically dependent individuals who are high utilizers of state funded, medical, crisis and criminal justice services.

The Role of Chemical Dependency Case Managers:

The CDCM will engage clients quickly and work with them to define effective treatment and support their success in multiple areas. They will be assertive advocates in accessing community resources and work as "patient navigators" through the systems that provide assistance.

Implementation:

DASA proposes to conduct two pilot projects, one in an urban setting and one in a suburban setting using client advocates working with high-utilizing chemically dependent patients to get them the resources needed to achieve stability and maintain themselves in the community. Variations of this model have been successful with DASA's Gravely Disabled Pilot projects and the Safe Babies-Safe Moms project.

County Alcohol and Drug Coordinators report having 25 to 30 of these patients in rural and semi-rural counties and 50-75 in urban counties. We anticipate that in the pilot, each CDCM would actively carry about 20 individuals on their caseloads. They would actually serve approximately 40 individuals per-year as patients moved into treatment and ongoing stability. The project would fund one position for a suburban pilot and two positions for an urban pilot. To reduce costs, the project would seek to qualify clients who could become eligible for benefits under Medicaid or Medicare and who may need the assistance of the CDCM to qualify for funding.

Cost Offsets:

It is anticipated that the costs of funding this project will be offset by short- and long-term reductions in service utilization. There are a number of studies supporting this contention.

In the 2002 to 2003 Gravely Disabled Pilot Project (GDPP), integrated case management and CD treatment was provided to 323 individuals deemed gravely disabled due to their addiction, high utilization of social services, and other community resources. Many had prior unsuccessful treatment attempts, high rate of emergency department visits, unemployment, homelessness and untreated medical or mental health problems. In the quarter after enrollment in the pilot the following gains were observed.

- The percent of clients receiving outpatient treatment doubled,
- The percent of admissions to CD treatment or detoxification that were for detoxification services declined from 36 percent of all admissions prior to entry in the GDPP to 18 percent of admission following entry,
- Clients on medical assistance increased 45 percent, and
- Homelessness declined.

It is unfortunate that the report on the GDPP project was prepared concurrently with the implementation of the project itself. We anticipate that service utilization would have continued to decrease as individuals completed treatment, resolved health issues and achieved stability.

In the 2002 progress report for the Washington State Supplemental Security Income (SSI) Cost Offset Pilot project, there was a yearly drop in utilization of services of \$3,024 per-person for those SSI patients receiving CD treatment compared to those not receiving it. In particular, the reductions occurred in medical, mental health, nursing home, and chemical dependency treatment costs.

Outcomes to be Achieved

Measurable outcomes after CDCM would include:

- Reduction in homelessness,
- Increases in the rate of treatment completion for those clients who have previously entered, but not finished CD treatment,
- Increases in the numbers of clients eligible for benefits under Medicaid and Medicare after CDCM,
- Decreases in arrests and convictions,

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

- Reduced use of detoxification services,
- Reduced use of emergency departments,
- Decreases in use of community and state psychiatric hospitalization, and
- For those on Medicaid at the start of CDCM, a reduction in the utilization of Medicaid services.

Costs:

Each of the three CDCM would maintain an active caseload of 20 clients. As clients move into CD treatment and achieve stability, the time needed with the CDCM will decrease. Together, all three CDCM positions would cost \$165,000 at \$55,000 per-FTE per-year including administrative and overhead costs. DASA anticipates that each case manager will see approximately 40 clients per-year (\$1,375 per-patient per-year).

DASA would evaluate the pilot projects based on costs incurred in the year prior to the CDCM and the period during and after. This study would be a one-time cost.

Narrative Justification and Impact Statement

How contributes to strategic plan:

DSHS Strategic Goals:

- A. Improve client health and safety,
- B. Improve client self-sufficiency,
- C. Improve accessibility and integration, and
- D. Increase financial recovery (increasing cost savings measures).

Associated Priorities of Government (POG):

- Improve health of Washington citizens,
- Improve security of Washington's vulnerable children and adults, and
- Improve safety of people and property.

DASA Strategic Plan goals and strategies:

Goal 1: Protect vulnerable adults, children, and families.

Strategy

- Supporting Adult Residential Treatment: Provide low-income and indigent clients with referral and access to adult residential treatment agencies in Washington State.
- Support Adult Detoxification Services: Contract with county governments to help individuals safely withdraw from alcohol or other drugs.

Goal 2: Break down barriers to self-sufficiency.

- Responding to the Olmstead Decision-Plan for the delivery of services in the least restrictive setting by working with other agencies to promote community-based crisis intervention services and secure residential facilities.

Goal 3: Assure public safety and help build strong, healthy communities.

Goal 4: Assure Public Stewardship

- Promote accountability, customer service and public stewardship in policy, programs and practice.

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G007	Number of individuals served	120.00	120.00
G010	Reduction in homelessness	25.00%	25.00%
G011	Reduction in the use of detoxification services as a percentage of CD admissions	30.00%	30.00%
G012	Increase in number of clients receiving medical assistance	45.00%	45.00%

Reason for change:

Problem Being Addressed

The Crisis Response Task Force identified a group of patients who have a primary diagnosis of chemical dependency and utilize many services in their community. These resources include jails, emergency rooms, evaluation, community psychiatric clinics, state mental hospitals, detoxification programs, and emergency personnel including police, medics, fire, and ambulance services. They often have violent, aggressive or bizarre behaviors when intoxicated and frequently have to be detained or jailed in order to protect themselves and the community. These patients are difficult to get into treatment and maintaining sobriety after discharge.

Clients receiving chemical dependency treatment are far less likely to visit emergency rooms. A DASA study of frequent emergency room visits found that 89 percent of those individuals using emergency rooms 31 times or more in a year had an alcohol or other drug disorder or mental illness, or both. The 198 most frequent Emergency Room (ER) users had over 9,000 ER visits in Fiscal Year 2002. Clients who received chemical dependency treatment in the year prior to the study were far less likely to be frequent ER users than those receiving mental health treatment or no treatment.

These individuals often do not follow through with scheduled appointments for CD treatment or medical services and instead use the crisis system. Voluntary and involuntary CD Treatment may help these patients achieve more healthy lives and subsequent reductions in crisis services, but many need more intensive management to get into treatment and to maintain stability after this treatment has occurred. The CDCM can provide this.

Result that can be expected if this program is implemented.

After the first year of the CDCM pilots we would expect the following results:

- An increase in the number of patients receiving SSI benefits,
- Increases in the patients becoming eligible for medical assistance,
- A decrease in detoxification admissions,
- An increase in treatment completion in CD Residential,
- Reductions in use of both state psychiatric hospitals and evaluation and treatment facilities, and
- Reduced arrests and convictions for both misdemeanor and felony crimes.

Impact on clients and services:

Current Level of Service and Impact on Existing Services

DASA currently certifies 130 beds at 15 Sub-Acute Detoxification centers and 133 beds at 14 Acute Detox programs. These programs are frequently too overcrowded to treat all who apply. In the communities where the pilot projects are located there will be less pressure from the frequent utilizers receiving these services. However there will be added need for beds at residential and outpatient treatment programs.

Mental Health Professionals (MHP) are often the default crisis response system in communities who are called upon to assess chemically dependent individuals exhibiting self destructive, bizarre or aggressive behaviors. They may need to

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

detain or commit clients who present as a danger to self or others thus tying up scarce resources at state hospitals or community evaluation and treatment facilities. As case managers work to get patients into treatment and community stabilization after discharge, these clients will present less often to CDMHPs and other crisis workers. In the SSI cost offset project, medical, mental health, nursing home and chemical dependency treatment expenses were found to be \$252 lower per person per month (\$3,024 per person per year) for SSI Clients who received treatment compared to these costs for those who needed alcohol or drug abuse treatment but did not get it. If these savings hold true with the CDCM pilots, the \$362,880 yearly savings would be more than double the \$165,000 needed per year.

Stakeholders who will support or oppose this recommendation

The Crisis Response Task Force included providing chemical dependency case managers for high utilizing chemically dependent clients as one of their seven recommendations in their final report in June of 2004. This task force was a joint project of DSHS-HRSA and the Washington Association of Counties. Members of the task force included representatives from County Alcohol and Drug Coordinators, Chemical Dependency and Mental Health Treatment Providers, Prosecuting Attorneys, Mental Health Professionals, and numerous state agencies.

We are not aware of any group in the state, which would oppose this recommendation.

Impact on other state programs:

There will be some initial increases in costs to DASA to provide residential chemical dependency treatment, although the impact of a two site pilot project will be minimal. Economic Services Administration (ESA) will initially pay more for routine health care services as these patients become eligible for Medicaid and take care of medical/dental problems. This will be balanced by reductions in ER expenses and an increase in federal funding for patients who become eligible for SSI benefits.

Mental Health will experience decreased costs for crisis and residential services in the pilot sites. Some new costs may be incurred as some patients with mental illness patients use mental health services for ongoing support.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Previous studies strongly suggest that this will be effective method of reducing over-utilization of resources by chemically dependent clients. This decision package would examine the service utilization over a one-year period after implementation rather than the 90 days studied in the Gravely Disabled Pilot Project.

Adding additional voluntary treatment resources to the community has been suggested and benefits many of the 80 percent of those clients eligible for treatment but unserved due to a lack of availability of beds or slots. Unfortunately, many of the highest utilizing clients do not go through the process of establishing eligibility for resources and when they do go to treatment, are not provided close enough support to continue with the necessary aftercare and relapse. Previous studies suggest that this population needs case management to get qualified and admitted to treatment.

Budget impacts in future biennia:

If the pilots are funded, their effectiveness in preventing medical, criminal justice and other costs will be demonstrated. This will likely lead to a discussion of expanding the program statewide to all counties.

Department of Social and Health Services

DP Code/Title: PL-GM CSCI - CD Intensive Case Management
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Distinction between one-time and ongoing costs:

There is a one-time study after the first year of the program. All other costs are ongoing.

Effects of non-funding:

The pilots present an opportunity first, to prevent the injury and death of the clients who would be case managed and secondly, to save thousands of dollars of unnecessary services for each client served. If this pilot is not funded, the state would miss the following opportunities:

- Since 50-80 percent of inmates in county and municipal jails are involved with alcohol and other drugs, the jails would see some of their most difficult to manage inmates no longer needing incarceration.
- CD treatment reduces the crisis service and medical utilization. CDCM would work with the very population who cost the state the most in terms emergency room and other crisis medical costs.
- Getting these patients to CD treatment will reduce their use of crisis chemical dependency services such as detoxification and sobering centers.
- Not funding these pilots will cost the state more and we will lose the opportunity to demonstrate the cost-effectiveness of this intervention.

Expenditure Calculations and Assumptions:

Funding is requested to have two CDCMs in a suburban area and four CDCMs in urban areas to provide intensive case management services. These three positions will be contracted.

Funding is also requested to do a study.

See attachment PL-GM CSCI - CD Intensive Case Management.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	0	60,000	60,000
G Travel	36,000	36,000	72,000
N Grants, Benefits & Client Services	330,000	330,000	660,000
Total Objects	366,000	426,000	792,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	366,000	426,000	792,000
Total for Fund 001-1	366,000	426,000	792,000
Total Overall Funding	366,000	426,000	792,000

2005-07 Biennium
PL-GM CSCI - CD Intensive Case Management

Division of Alcohol and Substance Abuse

	Number of CDPs	Unit Cost	FY06	FY07	2005-07 Total
Chemical Dependency Professionals - Suburban	2	55,000	110,000	110,000	220,000
Chemical Dependency Professionals - Urban	4	55,000	220,000	220,000	440,000
Travel for CDP's	6	500	36,000	36,000	72,000
Evaluation				60,000	60,000
TOTAL			\$ 366,000	\$ 426,000	\$ 792,000
 GF-S			 \$ 366,000	 \$ 426,000	 \$ 792,000

Chemical Dependency Professionals (CDP) will be contracted positions. The cost of each CDP includes salary, benefits, training, and equipment. Each CDP will see approximately 40 clients per year.

Department of Social and Health Services

DP Code/Title: PL-GN Mentoring Program
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

This decision package is designed to implement a statewide mentoring program and increase the number of quality mentors in Washington. The package supports the work of the Washington State Mentoring Partnership (WSMP), an organization dedicated to strengthening and expanding youth mentoring in the state. WSMP is a public-private partnership supported by the Department of Social and Health Services (DSHS) and a variety of private-sector leaders, including Costco Wholesale. Funding is requested for one FTE to oversee the DSHS mentoring program and to provide continued funding for the WSMP.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	293,000	288,000	581,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	60,000	59,000	119,000
Total Cost	353,000	347,000	700,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	1.0	1.0	1.0

Package Description:

There is a clear need for mentoring in Washington and a growing number of providers to meet that demand. Since its inception in 1999, the WSMP has worked to organize the state's mentoring process to eliminate duplication of efforts and to offer centralized services. By promoting collaboration, the WSMP is able to leverage limited resources to increase the quality and quantity of mentoring programs while decreasing costs.

Since 1999, the WSMP has been supported by and housed within the Division of Alcohol and Substance Abuse (DASA). Current funding levels support one half-time position at DASA to assist counties and tribes in developing mentoring programs. The stated goals have been to reduce youth substance abuse, teen pregnancy, and violent behavior, while improving academic performance. As the need for a statewide coordinating body grows, neither the WSMP nor DASA has a dedicated budget for strengthening or expanding youth mentoring and related activities.

At its current funding level, the WSMP has helped increase the number of programs statewide from approximately 130 in 1999 to more than 200 today. The Juvenile Rehabilitation Administration (JRA) of DSHS has additionally implemented a mentoring program for youth returning to their communities from a JRA facility. Participation in that program has been associated with lower rates of recidivism. Additionally, the DSHS Aging and Disability Services Administration coordinates with the Corporation for National and Community Service to provide foster grandparenting services for more than 3,900 youth in the state.

Under the proposed budget, mentoring would be institutionalized within DSHS to better address a series of challenges. These challenges include, but are not limited to, the absence of a statewide comprehensive mentoring strategy, a lack of knowledge about the benefits of mentoring within DSHS and the private sector, a paucity of mentors, limited support from the business community, and under-developed mechanisms to track and document the benefits of mentoring.

To meet its strategic goals, the WSMP will focus on six key result areas:

1. Mentor Recruitment and Referral
2. Technical Assistance and Training
3. Public Awareness

Department of Social and Health Services

DP Code/Title: PL-GN Mentoring Program
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

- 4. Resource Development
- 5. Public Policy
- 6. Data Collection and Tracking

Additionally, the WSMP will brief government agencies on the practice and benefits of mentoring as well as on the range of services available to its clients.

The success of the WSMP will be determined according to a clearly delineated set of measurable outcomes, including the number of mentors statewide and the extent to which providers adhere to best practices as set out by current research. Baseline data has been gathered for both points and is currently being tabulated by the WSMP, providing a needed reference point for future evaluations of success.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal addresses the following Washington State Priorities of Government:

- Improve student achievement in elementary, middle, and high schools.
- Improve the quality and productivity of the workforce.
- Improve the value of a state college or university education.
- Improve the health of Washington citizens.
- Improve the security of Washington's vulnerable children and adults.
- Improve the safety of people and property.
- Improve cultural and recreational opportunities throughout the state.

This proposal also supports the DSHS 2006-2011 Strategic Plan:

Goal A: Improve health and safety of communities and clients.
Objective 1: Improve the safety of vulnerable children and adults.

Strategy 1: Help families and communities improve the well-being of children in their own homes and in out-of-home care by increasing youth involvement with a caring adult.

Goal B: Improve accessibility and service integration.

Objective 2: Increase community partnerships to leverage resources.

Strategy 1: Enhance school academic performance and school attendance, decreasing violent or aggressive behavior, reducing delinquency, and increasing coping and stress management skills.

Strategy 2: Use partnership strategies that leverage and align resources to achieve service outcomes.

Strategy 3: Increase the number of organizations - corporations, faith-based organizations, universities, civic groups - that start quality mentoring programs.

Strategy 4: Increase number of businesses and public sector commitments to establish employee release time policies for mentoring.

Department of Social and Health Services

DP Code/Title: PL-GN Mentoring Program
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Performance Measure Detail

Agency Level

Activity: G008 Chemical Dependency Prevention Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G008 Number of Youth Mentored	25000.00	30000.00
G009 Numbers of Mentored Recruited	10000.00	10000.00
G013 Number of Mentors trained	2000.00	2000.00

Reason for change:

Mentoring programs are growing at a fast rate in Washington and across the country. Without meaningful coordination, the sector's growth may actually serve to impede the development of quality mentoring process in Washington as too many organizations vie for limited resources. By coordinating providers, WSMP will reduce inefficiency and increase productivity of the state's mentoring sector.

While Washington's mentoring community is vibrant and shows every sign that it will continue to grow, it is a fragmented community that needs organization. In a recent survey conducted by WSMP, 68 percent of the state's mentoring providers indicated that they worked in isolation from one another, and 69 percent said they did not utilize resources provided by a national association. At the same time, a number of providers are saying that they need help securing funding, recruiting volunteers, and evaluating their programs. WSMP can leverage existing resources to help providers address the challenges confronting them.

In addition to coordinating the use of existing resources, WSMP will also facilitate the creation of new resources. The WSMP is strongly positioned to generate interest in mentoring among the state's business and civic leaders. WSMP will cultivate this interest to develop and expand private sector investment in mentoring. Currently, there is no statewide entity that advocates for increased private sector involvement in mentoring.

One of the most important roles filled by WSMP will be to provide a statewide referral system to connect prospective mentors with youth awaiting them. It will do this in two ways. First, WSMP will produce an annual environmental scan that identifies the specific needs of each region. In some cases, there may be enough mentors, but they may be clustered together around the organization with the largest advertising budget. For instance, while nearly all providers agree there is a lack of available mentors, a few organizations actually have a waiting list of prospective volunteers. In some cases, programs with a surplus of mentors are in the same area as those without enough mentors. WSMP will reduce such imbalances. Additionally, the environmental scan will identify areas of the state where there is a need for mentors, but that do not have a formal program. With our partners, WSMP will work to fill such gaps in service. The WSMP will also set up a statewide referral system that will be linked to public relations campaigns designed to increase the number of mentors in the state. Again, by coordinating the effort on an institutional scale, WSMP can help ensure that all the state's providers benefit from such marketing and public relations campaign.

Impact on clients and services:

No state or DSHS structure currently exists to develop and sustain mentoring opportunities. DASA currently supports 37 county and tribal mentoring programs with the support of federal substance abuse prevention funds. Programs that are linked through WSMP currently receive more than one million in private support. This program will enhance the effectiveness of other DSHS services and improve outcomes for youth.

Examples of the benefits of mentoring include Massachusetts, California, and Connecticut, which have developed mentoring programs for children in foster care. Massachusetts is now reporting that participants in the mentoring programs are faring better in school and in the communities than foster care children who do not participate. Previous studies indicate mentoring participants are much less likely to initiate illegal drug or alcohol use; less likely to skip school; more confident in their school work; and less likely to show violent or antisocial behavior. Fewer school discipline referrals would provide a direct

Department of Social and Health Services

DP Code/Title: PL-GN Mentoring Program
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

benefit to schools; fewer acts of delinquency would directly benefit the law enforcement and criminal justice systems. Perhaps, most critically, children receiving mentoring services are better able to get along with their families, a critical consideration for the Children's Administration in maintaining foster care placements.

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

Two other alternatives were explored:

1. Continue to run existing programs separately, with no department-wide standards or coordination. This would continue to limit the number of youths that could be paired with mentors.
2. DSHS could run the statewide partnership. This alternative was not selected because it's too costly. WSMP is an established entity in the mentoring business and is more suited to developing a statewide mentoring infrastructure as well as bringing in additional business partners and resources. DSHS will serve as the lead public entity in a public-private partnership.

Budget impacts in future biennia:

We expect that the demand for DSHS mentoring services will grow after the first biennium. No additional funding will be necessary due to the business partnerships and the use of existing mentoring programs.

Distinction between one-time and ongoing costs:

Equipment costs are one-time only. All other costs are ongoing.

Effects of non-funding:

As indicated throughout this decision package, WSMP is integral to the success of the state's mentoring process. It is the only group that will advocate and provide resources for the myriad organizations that make up the state's mentoring community, and stands to become the central node in an expansive network linking the state, organizations, investors, experts, volunteers, and most importantly, Washington's youth, into a dynamic community. Should this funding proposal be denied, the mentoring community would risk increased fragmentation and a concomitant decline in its capacity to support the needs of the state's youth.

Currently, about 8,000 of the state's youths receiving mentoring are adjudicated or have some history with the juvenile court system. Many of these youth are subject to DSHS mission to help people achieve safe, self-sufficient, healthy, and secure lives. Denial of this funding request would put additional stress on the mentoring programs that provide services to this population.

The absence of WSMP, or merely an attenuated one, would additionally diminish the state's ability to take advantage of several pieces of current legislation before Congress that may provide funding for states to provide mentoring services. The

Department of Social and Health Services

DP Code/Title: PL-GN Mentoring Program
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

U.S. Department of Health and Human Services, for instance, has recently announced a "Mentoring Children of Prisoners Grant". If Washington designs, implements, and evaluates a statewide mentoring initiative now, it will be in a better position to compete for available resources or to comply with any mandates required by federal law.

Expenditure Calculations and Assumptions:

Funding is requested for an FTE to oversee the DSHS mentoring program, as well as continued funding for the Washington State Mentoring Partnership.

See attachment DASA PL-GN Mentoring Program.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	65,000	65,000	130,000
B Employee Benefits	13,000	13,000	26,000
E Goods And Services	12,000	12,000	24,000
G Travel	8,000	2,000	10,000
J Capital Outlays	4,000	4,000	8,000
N Grants, Benefits & Client Services	250,000	250,000	500,000
T Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects	353,000	347,000	700,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	293,000	288,000	581,000
Total for Fund 001-1	293,000	288,000	581,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	60,000	59,000	119,000
Total for Fund 001-C	60,000	59,000	119,000
Total Overall Funding	353,000	347,000	700,000

2005-07 Biennium
PL-GN Mentoring Program

Division of Alcohol and Substance Abuse

Positon	FTEs	Monthly Salary	Annual Salary
WMS - Band 2	1.0	5,400	65,000

	FY06	FY07	Total 2005-07
FTEs	1.0	1.0	2.0
Salary	65,000	65,000	130,000
Benefits	13,000	13,000	26,000
Goods & Services	12,000	12,000	24,000
Equipment	8,000	2,000	10,000
Travel	4,000	4,000	8,000
ISSD	1,000	1,000	2,000
Sub-Total	\$ 103,000	\$ 97,000	\$ 200,000
Mentoring Program - Contracted	250,000	250,000	500,000
Grand Total	\$ 353,000	\$ 347,000	\$ 700,000
GFS	\$ 293,000	\$ 288,000	\$ 581,000
Federal	\$ 60,000	\$ 59,000	\$ 119,000

Department of Social and Health Services

DP Code/Title: PL-GQ Youth Level III

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Funding is requested to provide services to high-risk, severely disturbed, chronic runaway youth with co-occurring chemical dependency (CD) and mental health problems whose out-of-control behaviors pose a risk of harm to themselves, other patients, and/or treatment staff. These youth are in need of a short-term, intensive, secure, multi-disciplinary evaluation and treatment stay to increase their ability to be treated in less intensive, longer-term chemical dependency treatment services. Funding is requested for a 16-bed facility.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	1,254,000	1,204,000	2,458,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	402,000	462,000	864,000
Total Cost	1,656,000	1,666,000	3,322,000

Staffing

Package Description:

Currently, the Division of Alcohol and Substance Abuse (DASA) has contracted youth residential treatment beds throughout the state for indigent, low-income youth. The contracted beds are structured based on clinical severity and each have different rates. Level II contracted services serve youth with co-occurring CD and mental health problems, but are not designed to address more severely disturbed youth.

A treatment facility to treat youth whose mental health and CD problems are clinically severe does not currently exist. This level of severity is associated with extreme and dangerous behaviors, which cannot be successfully treated in the existing Level II CD treatment programs. Forty percent of youths admitted to existing Level II programs had a psychiatric diagnosis and 26 percent had received mental health treatment in the last year. Current Level II programs are not designed to treat the severe acuity of mental health problems being exhibited by these youth. The behavior severity of these youth often acts as a barrier to themselves and other youth successfully completing treatment. Reductions in long-term inpatient mental health treatment, the recent closure of the Martin Center, and stringent admission diagnostic criteria for these services has increased the number of severely disturbed youth being referred to DASA for services.

The proposed 16 bed Level III secure intensive, multi-disciplinary evaluation, stabilization, and treatment program would serve these severely disturbed youth with co-occurring problems. This program would have a "no-decline" policy within clinical considerations to serve youth who are unable to access CD treatment services at any other current level of care. The program would provide a short-term stay up to 30 days for stabilization, evaluation, and treatment. The daily reimbursement rate of \$275/day would, (1) ensure higher staffing levels to increase safety, security, and patient care; (2) provide increased clinical expertise on behavior de-escalation, stabilization, medication assessment, medication management; and (3) provide increased staff training on responding to severe mental health problems.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This proposal would meet DASA goals, which include the protection of vulnerable adults, children, and families, and would assure vulnerable individuals are identified and receive the full range and scope of care they need. DASA expected outcomes would include closing the gap between treatment need and provision of services, increasing treatment completion as a

Department of Social and Health Services

DP Code/Title: PL-GQ Youth Level III
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR
performance measure, and providing collaborative solutions for at-risk youth.

The Department of Social and Health Services (DSHS) has the following goals, objectives, and strategies for 2006-2011:
Goal A: Improve health and safety of communities and clients.
Objective 1: Improve the health of clients who need medical, mental, or chemical dependency treatment services.
Strategy 3: Enhance the health of clients, families, and communities by providing needed access to appropriate, quality chemical dependency treatment services. Implement evidence-based treatment services with youth in residential care.

Performance Measure Detail

Agency Level

Activity: G085 Residential Drug and Alcohol Treatment Services

Incremental Changes

FY 1

FY 2

Outcome Measures

G001 Number of Youth treated

130.00

190.00

G002 Percent of Youth Completing Treatment

62.00%

62.00%

Reason for change:

The problem being addressed by this decision package is the current lack of services to address the clinical severity of youth with both mental health and CD problems, which leads to extreme and dangerous behaviors. Many of these youth have been unsuccessfully treated in contracted current Level II secure CD treatment programs or have been discharged early for severe behaviors. The proposed Level III services will provide higher levels of staff, increased staff training, more intensive behavior management and supervision, increased patient and staff safety, and better outcomes for these youth who may be transferred to other appropriate levels of care upon completion.

Impact on clients and services:

DASA currently contracts for residential treatment beds at daily rates ranging from \$106.83 per-day to \$188.68 per-day. The mental health counseling staffing levels for Level II services are limited due to daily reimbursement rate. The proposed Level III rate of \$275 per-day will provide for higher staff to patient ratios, staff with more training and skills to address the needs of severely disturbed youth, and provide part-time medical and psychiatric consultation.

The proposed secure residential treatment for severely disturbed youth would increase completion and treatment effectiveness at current Level II programs by evaluating and stabilizing severe mental health problems prior to admission to these services. Decreased behavior disruptions would make for a safer and more effective treatment episode for all youth admitted for care. Short-term evaluation, stabilization, and treatment in the Level III secure program would be less costly than secure psychiatric facilities and be more appropriate for youth with co-primary diagnosis of CD and more severe mental health problems.

Impact on other state programs:

The implementation of Level III services will result in reduced need for other state funded services, including psychiatric hospitalization, juvenile justice institutional costs, and mental health and group care residential services, and increase the opportunity for youth to become employed and less dependent upon state resources. Additionally, Level III services improve treatment effectiveness and outcomes for other contracted levels of service by stabilizing and evaluating more severely disturbed youth in a facility specifically designed for that level of clinical acuity.

Relationship to capital budget:

Not applicable

Department of Social and Health Services

DP Code/Title: PL-GQ Youth Level III
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Required changes to existing RCW, WAC, contract, or plan:

Not applicable

Alternatives explored by agency:

Alternative responses to these severely disturbed youth with co-occurring CD and mental health problems would include:

1. Refuse admission of youth with severe levels of clinical acuity into current programs since they cannot be safely and effectively managed. These youth would continue to experience severe life problems and most likely cycle into the juvenile justice system, mental health crisis system, out- of-home placements, or end up homeless on the street.

2. Continue to admit these youths into current programs with serious risks to staff and other patients. The result will be poor treatment outcomes. Increasing staffing levels, training, and building security to offset the risk would be cost-prohibitive to current providers, and may result in providers refusing to contract with DSHS at current levels.

Budget impacts in future biennia:

Ongoing treatment costs for the program for the future biennia are estimated at \$3,011,250.

Distinction between one-time and ongoing costs:

One-time only costs of \$50,000 would ensure that security improvements are made to a facility to meet security needs of the treatment services. Ongoing treatment costs for the program for a two-year period are estimated at \$3,011,250.

Effects of non-funding:

Without the funding to provide this additional level of service, there will continue to be a population of severely disturbed youth with CD and mental health problems who will not be successfully treated. Parents will continue to experience difficulty in accessing critically needed services because these youth are either denied services or discharged prematurely from treatment because their problems are beyond the scope of Level II programs. These youth will be chronic runaways, showing up in expensive psychiatric emergency facilities, juvenile justice facilities, and in some cases, may suffer life threatening consequences.

Expenditure Calculations and Assumptions:

Funding is requested for a 16-bed facility at \$275.00 a day. Renovations will be needed to secure a building, meet and obtain Department of Health licensing, and establish additional protection for clients. Funding is also requested for a one-time evaluation.

See attachment DASA PL-GQ Youth Level III.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	0	60,000	60,000
N Grants, Benefits & Client Services	1,656,000	1,606,000	3,262,000
Total Objects	1,656,000	1,666,000	3,322,000

Department of Social and Health Services

DP Code/Title: PL-GQ Youth Level III

Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	1,254,000	1,204,000	2,458,000
<i>Total for Fund 001-1</i>		1,254,000	1,204,000	2,458,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
<u>Sources Title</u>				
19TA	Title XIX Assistance (FMAP)	402,000	462,000	864,000
<i>Total for Fund 001-C</i>		402,000	462,000	864,000
Total Overall Funding		1,656,000	1,666,000	3,322,000

**2005-07 Biennium
PL-GQ Youth Level III**

Division of Alcohol and Substance Abuse

	Beds	Rate	FY06	FY07	Total 2005-07	Object	Category	Budget unit	Activity inventory
Secure Level III Services	16	\$275	1,606,000	1,606,000	3,212,000	N	4000	J34	G085
Renovations			50,000		50,000	N	4000	J34	G085
Evaluation				60,000	60,000	E	2000	J32	G098
Total			\$1,656,000	\$1,666,000	\$3,322,000				
GF-S			\$1,254,000	\$1,234,000	\$2,488,000				
Federal			\$402,000	\$432,000	\$834,000				
TOTAL			\$1,656,000	\$1,666,000	\$3,322,000				

Assumptions:

Calculation assumes 50% of the youth are medicaid eligible

Renovations include: adding and improving security for building and grounds.
Alarms on windows, doors, time delay on outside doors, security cameras for monitoring, security fence, licensing requirements for upgrades.

Department of Social and Health Services

DP Code/Title: PL-PA Electronic Intrusion Prevention

Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Recommendation Summary Text:

Secure the Department of Social and Health Services (DSHS) networked environment against intrusion. This solution is designed to protect against zero-day or minimum-day exploits, aid in securing the remote access environment, as well as a large variety of known and unknown attacks. This significantly enhances protection of confidential client information, as well as state resources, both equipment and staff time.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	9,000	1,000	10,000
Total Cost	9,000	1,000	10,000

Staffing

Package Description:

Under the current DSHS network design, client data and computer systems are protected by a combination information technology policy and standards, staff security awareness training, an agency firewall, agency required anti-virus protection, and program area patch management processes.

The patch management processes, following industry best practices, and agency policy are a combination of assessment, testing and implementation of any new software patches related to computer systems currently in use within DSHS. This process requires extensive time (a minimum of six business days) to implement correctly, so that the patching process does not compromise the security and functionality of critical Client Service systems. DSHS has a vast, complex computing environment of inter-dependent systems, this patching process cannot address attacks that would occur in less than the six business days from the patch release date (minimum-day attack.)

In addition, no patching process can address attacks that occur before the patch is released. These attacks that occur on the same day as identification of a vulnerability or before a patch is released are known as zero-day attacks. One attack has already been successfully implemented against a software package not used by DSHS. In this case, the attack deleted the contents of the hard drives of any computer running that particular application.

Another vulnerability this decision package addresses is remote access machines. With over 3,400 remote access users, including business partners, management of this security vulnerability is critical in maintaining the integrity of the DSHS network, and the associated State Government Network (SGN). This solution will provide DSHS a controlled method of mitigating the risk.

This solution is designed to block all attacks that would cause a computer to execute abnormal behaviors or commands. In doing so, it can successfully stop zero-day, and minimum-day attacks, even without agency knowledge of what the attack might be.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This solution would help the agency meet their strategic goals of improving accessibility and service integration, as well as improving customer service. DSHS client services are increasingly offered in the Internet venue, in response to the agency's

Department of Social and Health Services

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

desire to provide services to clients when and where clients want them. In addition, management of client case files is accomplished through computer systems utilized by staff. By implementing this proposal, the agency can reduce the interruption of services due to cyber attacks on critical agency infrastructure and systems, thus improving accessibility to online services and ready access to data for staff.

Performance Measure Detail

Agency Level

Activity: P001 Information Systems Services

No measures linked to package

Incremental Changes

FY 1

0.00

FY 2

0.00

Reason for change:

DSHS does not currently have a solution that would address risks from zero-day or minimum-day type attacks. In addition, while there are policies and standards to address remote access vulnerabilities, application of the policies and standards by remote users is not consistent. The intent of this solution is to mitigate risks from these types of attack, to reduce the probability of interruptions in service, whether from staff lack of access to critical systems or client access to online services.

Impact on clients and services:

This proposal will reduce the departments' vulnerability to various types of cyber attack and improve systems' up-time. This request is to fix a current vulnerability within DSHS Information Technology infrastructure.

Impact on other state programs:

Virtually all state agencies are on the SGN. Vulnerabilities in one agency's network can impact other state agencies, whether the network is a source of infection, generating denial of service type traffic or interrupting and impairing the efficient and effective flow of traffic across the SGN.

DSHS intends to implement a self-contained solution, such that results are not dependent on services from other agencies. This includes the quarantine process for secluding un-patched or infected machines.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

This solution is intended to strengthen the department's ability to achieve its results efficiently and effectively. Effective security follows a layered approach. This means stacking/implementing multiple layers of security to gain the best protection. Layers already implemented include:

Agency IT Security Policies and Standards: This lays out how security will be implemented by both managers and individual staff. It details how data and systems are accessed, shared and managed.

Security Awareness Training: This supplements the policy and standards, providing an annual reminder of each individual's responsibility for maintaining the security of data and systems.

Agency Firewall: Designed to minimize external access into the protected network. This cannot protect against holes

Department of Social and Health Services

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 070 Div of Alc/Substnce Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

opened to allow for valid business applications.

Anti-virus Protection: This assesses valid traffic for malicious content. Anti-virus solutions require updating as new exploits are released.

Patch Management Process: This process is designed to apply software patches to computer applications when vulnerabilities are identified. As noted above, this process takes a minimum of six business days to safely apply appropriate patches.

Each of these layers addresses a different type of vulnerability. The ability to stop minimum-day or zero-day attacks is not addressed by the existing solutions. The currently available solutions for this problem are intrusion detection and intrusion prevention tools. The intrusion detection solutions require significantly greater staff support and has many false positives. These false positives can prevent valid applications/traffic from running.

Budget impacts in future biennia:

Expenditures are primarily up front. The only ongoing costs will be the annual software maintenance fee.

Distinction between one-time and ongoing costs:

One-time costs include initial purchase of the software and related hardware in addition to vendor support for implementation. Ongoing costs consist of an annual maintenance fee of approximately 15 percent of the software purchase price.

Effects of non-funding:

An attack is a discussion of when, not if. Non-funding continues to expose DSHS to cyber attack. There have been numerous attacks (Nimda, Code Red, Slammer, Blaster, etc.) with no negative payload other than generating a Denial of Service. It is just a matter of time before destructive attacks occur. There has already been one example which attacked software not used by DSHS. In that instance, any computer running the vulnerable software had the hard drive erased.

The net result could be unavailability of systems to both staff and to clients seeking to access DSHS online services.

Expenditure Calculations and Assumptions:

Operating Expenditures

Overall Funding	FY 1	FY 2	Total
Software	1,806,000	295,000	2,101,000
Hardware	43,000	0	43,000
Vendor Support	606,000	0	606,000
TOTAL	2,455,000	295,000	2,750,000

Staffing	FY 1	FY 2	Total
Agency FTEs	0.0	0.0	0.0

The cost of the Agency Electronic Intrusion Prevention Solution will be distributed across the agency.

See Attachment - AW PL-PA Electronic Intrusion Prevention.xls

Department of Social and Health Services

DP Code/Title: PL-PA Electronic Intrusion Prevention
Program Level - 070 Div of Alc/Substance Abuse

Budget Period: 2005-07 Version: G1 070 2005-07 Agency Req 2 YR

Object Detail

FY 1 **FY 2** **Total**

Overall Funding

T Intra-Agency Reimbursements	9,000	1,000	10,000
-------------------------------	-------	-------	--------

DSHS Source Code Detail

Overall Funding

FY 1 **FY 2** **Total**

Fund 001-1, General Fund - Basic Account-State

Sources Title

0011 General Fund State	9,000	1,000	10,000
-------------------------	-------	-------	--------

<i>Total for Fund 001-1</i>	9,000	1,000	10,000
-----------------------------	--------------	--------------	---------------

Total Overall Funding	9,000	1,000	10,000
------------------------------	--------------	--------------	---------------

2005-07 Biennium
PL-PA Electronic Intrusion Prevention

		PL-PA TZ Distribution		PL-PA TZ Distribution (Rounded)	
		FY06	FY07	FY06	FY07
010 Children and Family Services	17.12%	420,323	50,431	420,000	51,000
020 Juvenile Rehabilitation	2.65%	65,062	7,806	65,000	8,000
030 Mental Health	2.20%	54,014	6,481	54,000	6,000
040 Developmental Disabilities	3.76%	92,314	11,076	92,000	11,000
050 Aging and Adult Services	5.30%	130,123	15,612	130,000	16,000
060 Economic Services	56.89%	1,396,741	167,583	1,397,000	167,000
070 Alcohol and Substance Abuse	0.37%	9,084	1,090	9,000	1,000
080 Medical Assistance	1.98%	48,612	5,833	49,000	6,000
100 Vocational Rehabilitation	2.09%	51,313	6,157	51,000	6,000
110 Management Services	7.64%	187,574	22,506	188,000	23,000
	100.00%	2,455,160	294,575	2,455,000	295,000

Special Reports

B9 Revenue Estimate System

Alcohol & Substance Abuse

DSHS BUDGET DIVISION

Agency Revenues - Details by Program

Show DP Detail

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 070 - Div of Alc/Substance Abuse

Supporting and Non Supporting Revenue

CODES		DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM	
FUND	SOURCE	SOURCE TITLE	MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2004	FY 2005	FY 2006	FY 2007
001						
001	0242	Health Fees and Licenses				
001	0242	Licenses, Permits, And Fees			174,619	174,619
001	0242	Licenses, Permits, And Fees			174,619	
		Subtotal for DSHS Source			174,619	174,619
		Subtotal Subsource			174,619	174,619
		Subtotal Source 0242			174,619	174,619
001-2	0316	Department of Justice				
001-2	727	Combat Underage Drinking (100%) - 727B	825,000	825,000	825,000	825,000
001-2	0393	Depart of Health & Human Serv				
001-2	230	Consolidated Knowledge Devel(100%) - 230B	860,642	860,642	860,642	860,642
001-2	959	Substance Abuse Prev & Trmt BG (SAPT) (100%) - 959B	33,064,358	33,075,358	33,064,358	33,075,358
001-2	959	Substance Abuse Prev & Trmt BG (SAPT) (100%) - 959B			1,000	
		Subtotal for DSHS Source 959B	33,064,358	33,075,358	33,065,358	33,075,358
		Subtotal Subsource 959	33,064,358	33,075,358	33,065,358	33,075,358
001-2	999	Miscellaneous (100%) - 999B	115,000	115,000	115,000	115,000
001-2	999	Miscellaneous (100%) - 999B			10,000	

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 070 - Div of Alc/Substance Abuse

Show DP Detail

Supporting and Non Supporting Revenue

CODES		DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM		
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL
			FY 2004	FY 2005	FY 2006	FY 2007	FY 2007
		Subtotal for DSHS Source 999B	115,000	115,000	125,000	115,000	115,000
		Subtotal Subsource 999	115,000	115,000	125,000	115,000	115,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	9,730,000	9,242,000	9,730,000	9,242,000	9,242,000
001-C	778	Title XIX Assistance (FMAP) - 19TA			(488,000)		
001-C	778	Title XIX Assistance (FMAP) - 19TA					17,608,000
001-C	778	Title XIX Assistance (FMAP) - 19TA					169,000
001-C	778	Title XIX Assistance (FMAP) - 19TA					462,000
		Subtotal for DSHS Source 19TA	9,730,000	9,242,000	9,242,000	9,242,000	27,481,000
001-C	778	Title XIX Assistance (100%) - 19TB	1,475,000	1,475,000	1,475,000	1,475,000	1,475,000
001-C	778	Title XIX Admin (50%) - 19UL	1,231,000	1,219,000	1,231,000	1,219,000	1,231,000
001-C	778	Title XIX Admin (50%) - 19UL			(10,000)	2,000	
001-C	778	Title XIX Admin (50%) - 19UL				4,000	
001-C	778	Title XIX Admin (50%) - 19UL			8,000	6,000	
001-C	778	Title XIX Admin (50%) - 19UL					(3,000)
001-C	778	Title XIX Admin (50%) - 19UL					43,000
001-C	778	Title XIX Admin (50%) - 19UL					59,000
		Subtotal for DSHS Source 19UL	1,231,000	1,219,000	1,229,000	1,231,000	1,330,000

Department of Social and Health Services

Agency Revenues - Details by Program

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 070 - Div of Alc/Substance Abuse

Show DP Detail

Supporting and Non Supporting Revenue

CODES		DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM		
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL
			FY 2004	FY 2005	FY 2006	FY 2007	FY 2006
							FY 2007
		Subtotal Subsource 778	12,436,000	11,936,000	11,946,000	11,948,000	20,654,000
		Subtotal Source 0393	46,476,000	45,987,000	45,997,000	45,999,000	54,705,000
001	0405	Fines and Forfeits					
001	0405	State & Misc Revenue					250
001	0405	State & Misc Revenue			250	250	
		Subtotal for DSHS Source			250	250	250
		Subtotal Subsource			250	250	250
		Subtotal Source 0405			250	250	250
001-7	0541	Contributions and Grants					
001-7	000	Contributions & Grants - 5417	315,000	315,000	315,000	315,000	315,000
		Total Fund 001	47,616,000	47,127,000	47,311,869	47,313,869	56,019,869
181							
181	0486	Recov of Prior Appropriation Exp					
181	0486	State & Misc Revenue					2,888
181	0486	State & Misc Revenue			2,888	2,888	
		Subtotal for DSHS Source			2,888	2,888	2,888

Agency Revenues - Details by Program

Show DP Detail

Budget Period: 2005-07

Version: 11 2005-07 Agency Request Budget

Program: 070 - Div of Alc/Substance Abuse

Supporting and Non Supporting Revenue

CODES		DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM		
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL
			FY 2004	FY 2005	FY 2006	FY 2007	FY 2007
		Subtotal Subsource			2,888	2,888	2,888
		Subtotal Source 0486			2,888	2,888	2,888
		Total Fund 181			2,888	2,888	2,888

Special Reports

Federal Funding Estimates

Alcohol & Substance Abuse

DSHS BUDGET DIVISION

State of Washington
Department of Social and Health Services

Budget Period Selected:2005-07

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal \$)	State Fiscal Year (Federal \$)	State Fiscal Year (State Share \$)
Program: 070 Div of Alc/Substnce Abuse				
Dept of Justice				
16.727	CmbtYthDrinkg(100%)			
	FY 2004	\$825,000	\$825,000	\$0
	FY 2005	\$825,000	\$825,000	\$0
	FY 2006	\$825,000	\$825,000	\$0
	FY 2007	\$825,000	\$825,000	\$0
Health & Human Svc				
93.230	Cnsld Knw Dev(100%)			
	FY 2004	\$860,642	\$860,642	\$0
	FY 2005	\$860,642	\$860,642	\$0
	FY 2006	\$860,642	\$860,642	\$0
	FY 2007	\$860,642	\$860,642	\$0
93.778	T19 Assist (FMAP)			
	FY 2004	\$9,608,000	\$9,730,000	\$9,556,424
	FY 2005	\$9,242,000	\$9,242,000	\$9,208,790
	FY 2006	\$9,242,000	\$9,242,000	\$9,242,000
	FY 2007	\$9,242,000	\$9,242,000	\$9,242,000
93.778	T19 Assist (100%)			
	FY 2004	\$1,475,000	\$1,475,000	\$0
	FY 2005	\$1,475,000	\$1,475,000	\$0
	FY 2006	\$1,475,000	\$1,475,000	\$0
	FY 2007	\$1,475,000	\$1,475,000	\$0
93.778	T19 Admin (50%)			
	FY 2004	\$1,228,000	\$1,231,000	\$1,231,000
	FY 2005	\$1,221,500	\$1,219,000	\$1,219,000
	FY 2006	\$1,229,500	\$1,229,000	\$1,229,000
	FY 2007	\$1,231,000	\$1,231,000	\$1,231,000
93.959	SAPT BG (100%)			
	FY 2004	\$33,067,108	\$33,064,358	\$0
	FY 2005	\$33,072,858	\$33,075,358	\$0
	FY 2006	\$33,067,858	\$33,065,358	\$0
	FY 2007	\$33,075,358	\$33,075,358	\$0
93.999	Misc (100%)			
	FY 2004	\$115,000	\$115,000	\$0
	FY 2005	\$117,500	\$115,000	\$0
	FY 2006	\$122,500	\$125,000	\$0
	FY 2007	\$115,000	\$115,000	\$0
Program 070 Totals:				
	FY 2004	<u>\$47,178,750</u>	<u>\$47,301,000</u>	<u>\$10,787,424</u>
	FY 2005	<u>\$46,814,500</u>	<u>\$46,812,000</u>	<u>\$10,427,790</u>
	FY 2006	<u>\$46,822,500</u>	<u>\$46,822,000</u>	<u>\$10,471,000</u>
	FY 2007	<u>\$46,824,000</u>	<u>\$46,824,000</u>	<u>\$10,473,000</u>